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Apr 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45511 (5)

1. Corporation Name

THE CHRISTIAN SCIENCE ASSOCIATION OF THE STUDENT
S OF SUZANNE M. COWIN-MILLER, C.S.B., INC.

Principal Place of Business

Mailing Address

1515 N. FEDERAL HWY.
SUITE 300
BOCA RATON FL 33432

1515 N. FEDERAL HWY.
SUITE 300
BOCA RATON FL 33432-1994



3. Date Incorporated or Qualified
10/07/1991

3a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0266265

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWIN-MILLER, SUZANNE M
1515 N. FEDERAL HWY.
SUITE 300
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME COWIN-MILLER, SUZANNE M
STREET ADDRESS 1515 N. FEDERAL HWY., SUITE 300
CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME COWIN, SUZANNE M.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME RATTRAY, RENEE
STREET ADDRESS 849 WHITNEY AVE.
CITY-ST-ZIP HAMDEN CT 06517

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 21 SW 5TH WAY
2.4 CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D ☐ DELETE
NAME NEW, LAUREL A
STREET ADDRESS 8485 HAMDEN RD.
CITY-ST-ZIP JACKSONVILLE FL 32244

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CHABONAI, ALISON
STREET ADDRESS 10675 JOLEN AVE.
CITY-ST-ZIP BONITA SPRINGS FL 33923

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Suzanne M. Cowin-Miller

April 12, 1997 (56) 297 85411

CR2E037 (9/96)