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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45511

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

10/07/1991

4. FEI Number

65-0266265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

COWIN, SUZANNE M

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

1515 N. FEDERAL HWY

83

SUITE 300

84 City

BOCA RATON

FL

85 Zip Code

33432

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

Suzanne M. Cowin

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 23, 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME COWIN-SUZANNE
STREET ADDRESS 1515 N. FEDERAL HWY., SUITE 300
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME RATTRAY, RENEE
STREET ADDRESS 21 SW 5TH WAY
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME NEW, LAUREL A
STREET ADDRESS 8465 HAMDEN RD.
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ DELETE

NAME CHABONAS, ALISON
STREET ADDRESS 10675 JOLEN AVE.
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

R. Cowin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 (241) 392-4530
Date Daytime Phone #

CR2E037 (1/1/98)