2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45511

Mar 21, 2004 Secretary of State

Entity Name: THE CHRISTIAN SCIENCE ASSOCIATION OF THE STUDENTS OF SUZANNE M. COWIN, C.S.B.,

Current Principal Place of Business: New Principal Place of Business:

1515 N. FEDERAL HWY. SUITE 300

BOCA RATON, FL 33432

Current Mailing Address: New Mailing Address:

1515 N. FEDERAL HWY.

SUITE 300 APT 315 ATTN. MURIEL A. SCHER BOCA RATON, FL 33432 DEERFIELD BEACH, FL 33441

FEI Number: 65-0266265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

1627 RIVERVIEW RD

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

COWIN, SUZANNE Name: Name: Address: 1515 N. FEDERAL HWY., SUITE 300 Address:

City-St-Zip: BOCA RATON, FL City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: SCHER, MURIEL Name: Address: 1627 RIVERVIEW RD #315 Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip:

Title: () Delete Title: () Change () Addition

TRAPP, HOLLY Name: Name: 12704 COUNCIL BLUFF DR Address: Address: City-St-Zip: AUSTIN, TX 78727 City-St-Zip:

() Delete Title: Title: () Change () Addition

Name: CHABONAIS, ALISON Name: Address: 10675 JOLEN AVE. Address: City-St-Zip: BONITA SPRINGS, FL 33923 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MURIEL SCHER Τ 03/21/2004