

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N45511

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



Principal Place of Business  
1515 N. FEDERAL HWY.  
SUITE 300  
BOCA RATON, FL 33432

Mailing Address  
1627 RIVERVIEW RD  
APT 315 ATTN. MURIEL A. SCHER  
DEERFIELD BEACH, FL 33441

FILED  
Jan 24, 2005 08:00 AM  
Secretary of State



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0266265

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SCHER, MURIEL  
1627 RIVERVIEW RD #315  
DEERFIELD BEACH, FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TRAPP, HOLLY  
12704 COUNCIL BLUFF DR  
AUSTIN, TX 78727

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Muriel A. Scher Muriel A. Scher

Date

Daytime Phone #

1/24/05 954-429-3873