

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90015 005 ****61.25

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



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0266265

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Scher Muriel A.
Street Address (P.O. Box Number is Not Acceptable)
1627 Riverview Rd
#315
City
Deerfield Beach FL Zip Code
33441

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

Muriel A. Scher

Muriel A. Scher

2/1/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D ☒ Delete
NAME CHABONAI, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME 1/5 Corvin Huber
STREET ADDRESS Kalthofstrasse 6
CITY-ST-ZIP 81476 Munich, Germany

TITLE ☐ Change ☒ Addition
NAME 5/0 Katrina Kacandars
STREET ADDRESS 4925 Monterey St.
CITY-ST-ZIP Carmel, California 93924

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2/1/06