


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47730</b> 1. Entity Name <b>FIRST CHURCH OF CHRIST, SCIENTIST, OF LAKE LAND, FLORIDA, INCORPORATED</b>		
Principal Place of Business <b>220 WEST BEACON ROAD LAKE LAND, FL 33803-7251</b>	Mailing Address <b>220 WEST BEACON ROAD LAKE LAND, FL 33803-7251</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HAMPLEMAN, GERRY 204 PINELLAS ST LAKE LAND, FL 33803</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE _____
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>DESHA, CYNTHIA 5337 N SOCRUM LOOP RD LAKE LAND, FL 33809</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SMITH, JOY 8925 SELPH RD MIAMI, FL 33180</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SHELKY, MINA 2014 E BEACON BY WHAT LAKE LAND, FL 33802</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <b>HAMPLEMAN, GERRY 204 PINELLAS ST LAKE LAND, FL 33803</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>		
<b>SIGNATURE:</b> <i>Cynthia Desha, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>2-28-06</i> Daytime Phone # <i>863-688-1975</i>



02082006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1420916</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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03/14/06-80002-018 61.25