


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90019 020 \*\*\*\*61.25

<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 US</b>			Mailing Address <b>220 WEST BEACON ROAD LAKE LAND, FL 33803 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1420916</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WATKINS, PEGGY 925 SUSAN DR LAKE LAND, FL 33803</b>			7. Name and Address of New Registered Agent Name <b>Smith, Joy</b> Street Address (P.O. Box Number is Not Acceptable) <b>8925 Selph Rd.</b> City <b>Lakeland, FL</b> Zip Code <b>33810</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 <u><i>Joy V. Smith</i></u> DATE <u>1-13-08</u> <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, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DESHA, CYNTHIA 1935 VIEWPOINT LANDING RD. LAKE LAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V ROEHRIG, ELIZABETH 2612 COVENTRY LANE LAKE LAND, FL 33303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Watkins, Peggy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 925 Susan Dr. Lakeland, FL 33803		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELKY, MINA 1423 PINWOOD AVE. LAKE LAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Shekey, Mina <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1423 Pinewood Ave. Lakeland, FL 33803 (Spelling of Last Name)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D WATKINS, PEGGY 925 SUSAN DR LAKE LAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Joy Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8925 Selph Rd. Lakeland, FL 33810		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u><i>Joy V. Smith</i></u> <u>Joy V. Smith</u> <u>1-13-08</u> <u>863-853-9472</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40003600



01102008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name **Smith, Joy**  
Street Address (P.O. Box Number is Not Acceptable) **8925 Selph Rd.**  
City **Lakeland, FL** Zip Code **33810**

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 *Joy V. Smith* DATE 1-13-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T/D  
DESHA, CYNTHIA  
1935 VIEWPOINT LANDING RD.  
LAKE LAND, FL 33810 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/V  
ROEHRIG, ELIZABETH  
2612 COVENTRY LANE  
LAKE LAND, FL 33303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
SHELKY, MINA  
1423 PINWOOD AVE.  
LAKE LAND, FL 33803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C/D  
WATKINS, PEGGY  
925 SUSAN DR  
LAKE LAND, FL 33803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/V Watkins, Peggy ☒ Change ☐ Addition  
925 Susan Dr.  
Lakeland, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S Shekey, Mina ☒ Change ☐ Addition  
1423 Pinewood Ave.  
Lakeland, FL 33803 (Spelling of Last Name)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C/D Joy Smith ☒ Change ☐ Addition  
8925 Selph Rd.  
Lakeland, FL 33810

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

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

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SIGNATURE: *Joy V. Smith* Joy V. Smith 1-13-08 863-853-9472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #