

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48978

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** FIRST CHURCH OF CHRIST, SCIENTIST, OF ST. AUGUSTINE, FLORIDA, INC.

**Current Principal Place of Business:**

2555 OLD MOULTRIE ROAD  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 860254  
ST. AUGUSTINE, FL 32086 US

**New Mailing Address:**

**FEI Number:** 59-2086707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLF, WAYNE A.  
37323 UNIVERSITY BLVD., WEST  
SUITE 203  
JACKSONVILLE, FL 32217 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TROUSDELL, TINA  
Address: 1685 SANTANDER ST  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T ( ) Delete  
Name: ERNST, JANET C  
Address: 402 MISTY MORNING LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: FORD, DONALD E  
Address: 114 TERRAPIN ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Delete  
Name: HIRSCH, BEN  
Address: 180 HERON'S NEST LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: BAPTISTE, PAMILLA  
Address: 174 SEQUOIA RD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: UPP, LENORE  
Address: 1508 SAN RAFAEL CT  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HIRSCH, LINDA  
Address: 180 HERON'S NEST LN  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HIRSCH, BEN  
Address: 180 HERON'S NEST LN  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JANET C ERNST

T

01/11/2008

Electronic Signature of Signing Officer or Director

Date