

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48978

FILED
Feb 16, 2009
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: HIRSCH, LINDA
Address: 180 HERON'S NEST LN
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: HIRSCH, BEN
Address: 180 HERON'S NEST LN
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: RAYLES, MARGE
Address: 217 COWRY RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

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

Title: D (X) Change () Addition
Name: FORD, DONALD
Address: 114 TERRAPIN RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: ERNST, EUGENE
Address: 402 MISTY MORNING LN
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: EUGENE ERNST

CHM

02/16/2009

Electronic Signature of Signing Officer or Director

Date