

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # N95000005718

1. Entity Name
**THE CHRISTIAN SCIENCE ASSOCIATION OF THE
PUPILS OF ANN F. SEARLES CUMMINGS, C.S.B., INC.**



Principal Place of Business
**219 BAKER DRIVE
WEST PALM BEACH, FL 33409**

Mailing Address
**219 BAKER DRIVE
WEST PALM BEACH, FL 33409**



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0639350

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CUMMINGS, ANN F SEARLES
219 BAKER DRIVE
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CUMMINGS, ANNE F
STREET ADDRESS 219 BAKER DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE D
NAME JENSEN, LLEWELLYN W
STREET ADDRESS 151 HARBOR LAKE CIR
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE D
NAME BROWN-WIDELL, BONNIE
STREET ADDRESS 205 WORTH AVE, SUITE 201
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE SD
NAME GRAY, NANCY R
STREET ADDRESS 717 US ONE #207
CITY-ST-ZIP JUPITER, FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000586529
01/16/07-80057-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Nancy R. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-07 561-746-0067