

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90026 039 ****61.25

DOCUMENT # N97000005048
1. Entity Name
FIRST CHURCH OF CHRIST, SCIENTIST, DELRAY BEACH, FLORIDA, INC.

Principal Place of Business: **200 S.E. 7TH AVENUE DELRAY BEACH FL 33483**
Mailing Address: **200 S.E. 7TH AVENUE DELRAY BEACH FL 33483**

2. Principal Place of Business: *as above*
3. Mailing Address: *as above*

Suite, Apt. #, etc.:
City & State: *as above*
Zip: *same* Country: *same*



04005262



MOORE CR2E037 (11/03)

4. FEI Number: **59-0911445** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent:
**RICHARSON, JOYCE
553 SE 27TH WAY
#42B
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent:
Name: **IRENE R. GIORDANO**
Street Address (P.O. Box Number is Not Acceptable): **86 MacFarlane Dr.**
City: **Delray Beach, FL** Zip Code: **33483**

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: *Irene R. Giordano* DATE: **2-03-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25 **Due By May 1, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, JOYCE 553 SE 27TH WAY #42B BOYNTON BEACH FL 33435 <input checked="" 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 PITMAN, VIRGINIA 3997 NW 7TH CT DELRAY BEACH FL 33445 <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	T GIORDANO, IRENE R 86 MACFARLANE DR. #3C DELRAY BEACH FL 33483 <input checked="" type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COLEMAN, LEONARD 265 TUSCANY E DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANN, FRANCES 2909 S OCEAN BLVD 1B HIGHLAND BEACH FL 33487 <input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELWORTHY, FRED 4395-B PEAR TREE CIRCLE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, ANNAIMAE 400 SEASAGE DR. #1006 DELRAY BEACH FL 33483 <input checked="" type="checkbox"/> Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRUEGGE MANN, DONNA 2095 SW 14th AVE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE CHAIR NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GIORDANO, IRENE R. 86 MACFARLANE DR. DELRAY BEACH, FL 33483

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Fred M. Elworthy* DATE: **2/3/04** DAYTIME PHONE #: **561 276-4551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR