2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jul 14, 2008 8:00 am Secretary of State DOCUMENT # N9700005048 07-14-2008 90032 039 ****61.25 FIRST CHURCH OF CHRIST, SCIENTIST, DELRAY BEACH, FLORIDA, INC. Principal Place of Business Mailing Address 200 S.E. 7TH AVENUE 200 S.E. 7TH AVENUE DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number Applied For City & State 59-0911445 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARDSON, JOYCE Street Address (P.O. Box Number is Not Acceptable) 553 SE 27TH WAY #42B. BOYNTON BEACH, FL 33435 Zip Code FL 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 of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee'is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE Change **Addition** NAME GIORDANO, IRENE R Archer, Susan STREET ADDRESS 86 MCFARLENE DRIVE 3C STREET ADDRESS 10091 Quail Covey Road CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP Boynton Beach, FL. 33436 Addition TITLE Delete TITLE ☐ Change RICHARDSON, JOYCE NAME NAME Wilder, Cornella 553 SE 27TH WAY #428 STREET ADDRESS STREET ADDRESS 1225 S. Ocean Boulevard BOYNTON BEACH, FL 33435 CITY-ST-ZIP CITY-ST-ZIP Delray Beach, FL. 33483 TITLE Delete TITLE Addition BUTLER, LAURA NAME NAME 4605 HAMMOCK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition RECHNER, MARGARET NAME NAME STREET ADDRESS 86 MACFARLANÉ DRIVE #10C STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME BRUGGEMANN, DONNA NAME STREET ADDRESS 2095 SW 14TH AVE. STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME

FILED

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTER 7 - 08 - 08 Date Daytime Phone #