

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705766

**Entity Name:** FIRST CHURCH OF CHRIST SCIENTIST, CORAL GABLES, FLORIDA

**FILED**  
**Feb 01, 2017**  
**Secretary of State**  
**CC2909709873**

**Current Principal Place of Business:**

400 ANDALUSIA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 140504  
CORAL GABLES, FL 33114-0504 US

**FEI Number: 59-0637839**

**Certificate of Status Desired: No**

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

TRAMMELL, TALBOT  
650 CORAL WAY #201  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name PEAKE, BEVERLY  
Address 1280 S. ALHAMBRA CIRCLE  
#2313  
City-State-Zip: CORAL GABLES FL 33146

Title VC  
Name ARTIGAS, XIOMARA  
Address 8810 SW 123RD COURT  
#M203  
City-State-Zip: MIAMI FL 33186

Title SECRETARY  
Name MARTORANO, MELA  
Address 2475 BRICKELL AVENUE  
# 702  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name GUILER, RICHARD  
Address 400 ANDALUSIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name GODOY, JULIA  
Address 1311 W 37TH STREET  
City-State-Zip: HIALEAH FL 33012

*I hereby 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 all other like empowered.*

**SIGNATURE: ARTIGAS, XIOMARA**

**VICE CHAIR**

**02/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date