

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705766

**FILED**  
**Apr 11, 2014**  
**Secretary of State**  
**CC4043870154**

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

**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 HARPER, EDWIN  
Address 4210 DOUGLAS ROAD  
City-State-Zip: MIAMI FL 33133

Title SEC  
Name MARION, LIEGH  
Address 430 VALENCIA AVENUE, APT. 9  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name PEREZ, LUTY  
Address 4061 MATHESON AVENUE  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name ROJAS, EDUARDO  
Address 4540 SW 5TH STREET  
City-State-Zip: MIAMI FL 33134

Title DIRECTOR  
Name ECHEVARRIA, YOLANDA  
Address 1640 SW 69TH AVENUE  
City-State-Zip: MIAMI FL 33155

*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: MARION LIEGH**

**SECRETARY**

**04/11/2014**

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

\_\_\_\_\_  
Date