

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721618

**Entity Name:** CHRISTIAN SCIENCE SOCIETY, LAKE WALES, FLORIDA, INC.

**FILED**  
**Apr 19, 2013**  
**Secretary of State**  
**CC4031466424**

**Current Principal Place of Business:**

1550 BURNS AVE  
LAKE WALES, FL 33898

**Current Mailing Address:**

P O BOX 1697  
LAKE WALES, FL 33859-1697 US

**FEI Number: 59-2299322**

**Certificate of Status Desired: No**

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

SHIRLEY TIEDJENS  
6 EASY STREET  
LAKE WALES, FL 33898-7433 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 D  
Name MAY, JUNE  
Address 1151 CEPHIA STREET  
City-State-Zip: LAKE WALES FL 33853

Title TD  
Name TIEDJENS, SHIRLEY  
Address 6 EASY STREET  
City-State-Zip: LAKE WALES FL 33898-7433

Title SD  
Name SMITH, ROBIN  
Address 10511 MONROE CT.  
City-State-Zip: LAKE WALES FL 33898-6914

Title D  
Name LACY, YVETTE  
Address 1010 VALENTINA DR.  
City-State-Zip: DUNDEE FL 33838

Title CD  
Name FRANCES, MANSFIELD  
Address P.O. BOX 7536  
City-State-Zip: INDIAN LAKE ESTATES FL 33855

*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: SHIRLEY TIEDJENS**

**TD**

**04/19/2013**

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

\_\_\_\_\_  
Date