2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 701818** 1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, LARGO, FLORID 27

FILED Mar 08, 2000 8:00 am Secretary of State

03-08-2000 90069 001 ****61.25

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Principal Place of Business Mailing Address									
2790 SUNNYBREEZE AVE. S.W. LARGO FL 33770		2790 SUNNYBREEZE AVE. S.W. LARGO FL 23770-4223			E003475U				
									i) 1)1)) 111)
2. Principal Place of Business		3. Mailing Address Christian Sc. Reading Roc			n				
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1901 W. Bay Dr. #8				DO NOT WRITE	IN THIS SP	ACE	
City & State		City & State Largo, FL			4. FEI Number Applied For 59-1000185 Not Applied				
	Country	Zip FI	Country				<u> </u>	8.75 Add	
		33770	U.S.A.		5. Certificate	of Status Desired		e Required	
	6. Name and Address of Current R				7. Name and	Address of New Reg	istered Ag	ent	
			Name	, -		ا بي معدد		•	
	ATRICIA PERRY		Street A	Address (P.0	P.O. Box Number is Not Acceptable)				
13751 89TH AVENUE NORTH SEMINOLE FL 33776									
	·		City				FL	Zip Code	e '
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signa	ature required wh	nen reinstating)		DATE		
FILE NOW: FEE IS \$61.25					Make Check Pa d to Fees Department of				•
10.	OFFICERS AND DIRE	CTORS	11.	AD	DITIONS/CHA	NGES TO OFFICERS	AND DIRE	CTORS IN	10
TITLE NAME	S SMITH, PATRICIA PERRY	☐ Delete	TITLE NAME	D	h a www.	Turder	[Change	Addition (
STREET ADDRESS CITY-ST-ZIP	13751 89TH AVE. N.		STREET ADDRESS	421	berry, Belle	Isle _			(
	SEMINOLE FL 33776	El p.u.		Bell	cair B	each, FL 3	3 3786	Change	Addition
TITLE NAME	ATTEBERRY, WILLIAM	Delete	TITLE NAME	D	_		ι	T cuands	≥¥ Augmon
STREET ADDRESS	421 BELLE ISLE		STREET ADDRESS		Lynn	_		_	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786		CITY-ST-ZiP			mary Lane	#8300	Ď.	
TITLE	3 X	☐ Delete	TITLE		o, FL t. Trea			Change	☐ Addition
NAME ~	MEYER, MARION	·	NAME			ION WEARS	4	A	
STREET ADDRESS CITY-ST-ZIP	226 BRANDYWINE DR.		STREET ADDRESS CITY-ST-ZIP			wine Dr.			
	LARGO FL 33771	<u> </u>	-		o, FL			Change	■ Addition
TITLE NAME	D Metzler, ruth L	Delete	TITLE NAME	T	ŕ		ί	cuange	X Addition
STREET ADDRESS	14255 ROSEMARY LANE # 8218		STREET ADDRESS	Zane	, Patr	icia R/			
CITY-ST-ZIP	LARGO FL 33774		CITY-ST-ZIP			mary Lane	#431	1	
TITLE		☐ Oelete	TITLE		o, FL			Change	☐ Addition
NAME			NAME			•			
STREET ADDRESS	1		STREET ADDRESS	1					
CITY-ST-ZIP	ļ 		CITY-ST-ZIP	ļ. <u>.</u>					
TITLE	1	Delete	TITLE	1		2	C	Change	☐ Addition
NAME STREET ADDRESS	,	•	NAME STREET ADDRESS]					ļ
CITY-ST-ZIP	1		CITY-ST-ZIP						
40 15						. =			

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.

Phone: 727-595-7757-

SIGNATURE:

Phone: 727-595-7757 **3**/10/00 Patricia Perry Smith