

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90077 021 ****61.25

DOCUMENT # 701818

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, LARGO, FLORID
A, INC.**



Principal Place of Business
**2790 SUNNYBREEZE AVE. S.W.
LARGO FL 33770**

Mailing Address
**CHRISTIAN SC. READING ROOM
1901 W. BAY DR. #8
LARGO FL 33770
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1000185**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, PATRICIA PERRY
13751 89TH AVENUE NORTH
SEMINOLE FL 33776**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete
NAME **SMITH, PATRICIA PERRY**
STREET ADDRESS **13751 89TH AVE. N.**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SHAW, LYNN**
STREET ADDRESS **14255 ROSEMARY LANE #8306**
CITY-ST-ZIP **LARGO FL 33774**

TITLE **D** ☒ Change ☐ Addition
NAME **Winsor, Laurie**
STREET ADDRESS **11493 Canterbury Lane**
CITY-ST-ZIP **Largo, FL 33778**

TITLE **AT** ☐ Delete
NAME **MEYER, MARION**
STREET ADDRESS **226 BRANDYWINE DR.**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ESCHENROEDER, ROGER R**
STREET ADDRESS **13620 49TH ST. N.**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ATTEBERRY, JUDY**
STREET ADDRESS **421 BELLE ISLE**
CITY-ST-ZIP **BELLEAIR BEACH FL 33786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Patricia Perry Smith

Patricia Perry Smith 3/2/2003 727-584-8068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)