

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90046 041 ****61.25

DOCUMENT # 712050

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST OF FORT MYERS,

Principal Place of Business

Mailing Address

2390 WEST FIRST STREET
 FORT MYERS FL 33901

2390 WEST FIRST STREET
 FORT MYERS FL 33901-3310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6136684

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROUSE, MARJORIE J.
1318 SHELBY PARKWAY
CAPE CORAL FL 33904

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.

SIGNATURE

Marjorie J. Crouse

Marjorie J. Crouse

1/21/2000

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **ELOISE, BEOWN C**
 STREET ADDRESS **3621 SCHEFFLERA DR**
 CITY-ST-ZIP **NO FT MYERS FL 33917**

TITLE **DP** Change Addition
 NAME **Brown, G. Lorraine**
 STREET ADDRESS **1927 S.E. 7th St.**
 CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE **DP** Delete
 NAME **BECKER, JOYCE**
 STREET ADDRESS **3361 N KEY DR #209**
 CITY-ST-ZIP **N. FT MYERS FL 33903**

TITLE **D** Change Addition
 NAME **Brown, Eloise C.**
 STREET ADDRESS **3621 Schefflera Dr.**
 CITY-ST-ZIP **No. Ft. Myers, FL 33917**

TITLE **DV** Delete
 NAME **WEST, JOHN P**
 STREET ADDRESS **4585 S. LANDINGS DR.**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **DT** Change Addition
 NAME **Hall, David C.**
 STREET ADDRESS **1240 Logan Lane**
 CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE **D** Delete
 NAME **BROWN, LORRAINE G**
 STREET ADDRESS **1927 S.E. 7TH ST.**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **D** Change Addition
 NAME **DuBane, Eileen**
 STREET ADDRESS **1499 Brandywine Cir. #305**
 CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE **D** Delete
 NAME **SIEBERT, BARBARA B**
 STREET ADDRESS **101 N. MARION CT. #221**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

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)(f), 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.

G. Lorraine Brown, President

SIGNATURE:

G. Lorraine Brown

2/10/2000

574-3951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)