

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712516

1. Entity Name

THE FIRST CHURCH OF CHRIST SCIENTIST, INC., ZEPH

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90075 012 ****61.25

Principal Place of Business 38543-4TH AVE ZEPHYRHILLS FL 33540	Mailing Address 38543-4TH AVE ZEPHYRHILLS FLA 33540-5009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2318063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, PAMELA
 4245 LOURY DR
 ZEPHYRHILLS FL 33543

7. Name and Address of New Registered Agent

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 Pamela Schmidt Pamela Schmidt 4/28/00
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

T HEINRICH, CYNTHIA A. 37153 MCMINN AVE. DADE CITY FL	<input type="checkbox"/> Delete
SD GAMBATESE, ULLIAN 6019 RIDGEWAY DRIVE ZEPHYRHILLS FL 33540	<input type="checkbox"/> Delete
D STOCKWELL, JOSEPHINE 39132 SR 54TH EAST 2086 ZEPHYRHILLS FL 33540	<input checked="" type="checkbox"/> Delete
DC SCHMIDT, PAMELA 4245 LOURY DR ZEPHYRHILLS FL 33543	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Katherine Walshe 37707 S.R. 54, W, Unit 74 Zephyrhills, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Pamela Schmidt Pamela Schmidt 4-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)