

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

0066779

DOCUMENT # 712516

1. Entity Name

THE FIRST CHURCH OF CHRIST SCIENTIST, INC., ZEPH

06-02-2001 90007 035 ****61.25

Principal Place of Business

Mailing Address

**38543-4TH AVE
 ZEPHYRHILLS FL 33540**

**38543-4TH AVE
 ZEPHYRHILLS FL 33540**

712516

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2318063

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

**SCHMIDT, PAMELA
 4245 LOURY DR
 ZEPHYRHILLS FL 33543**

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 _____

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 | TD | <input type="checkbox"/> Delete |
| NAME | HEINRICH, CYNTHIA A. | |
| STREET ADDRESS | 37153 MCMINN AVE. | |
| CITY-ST-ZIP | DADE CITY FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GAMBATESE, LILLIAN | |
| STREET ADDRESS | 6019 RIDGEWAY DRIVE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33540 | |
| TITLE | DC | <input type="checkbox"/> Delete |
| NAME | SCHMIDT, PAMELA | |
| STREET ADDRESS | 4245 LOURY DR | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33543 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALSHE, KATHERINE | |
| STREET ADDRESS | 37707 SR 54 W UNIT 74 | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33541 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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 J. SCHMIDT* *3-15-01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)