

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

007/1180

DOCUMENT # 712516

1. Entity Name

THE FIRST CHURCH OF CHRIST SCIENTIST, INC., ZEPHYRHILLS, FLORIDA

03-06-2002 90115 043 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2318063

Applied For

Not Applicable

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 **Katherine Walshe**

Street Address (P.O. Box Number is Not Acceptable)
37707 SR 54, W, Box 00

City **Zephyrhills**

FL

Zip Code
33541

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 **Katherine Walshe**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

KATHERINE WALSH

DATE

1/27/02

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 ☐ Delete
 NAME **TD**
 STREET ADDRESS **HEINRICH, CYNTHIA A.**
 CITY-ST-ZIP **37153 MCMINN AVE.
 DADE CITY FL**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **GAMBATESE, LILLIAN**
 CITY-ST-ZIP **6019 RIDGEWAY DRIVE
 ZEPHYRHILLS FL 33540**

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

TITLE ☒ Delete
 NAME **DC**
 STREET ADDRESS **SCHMIDT, PAMELA**
 CITY-ST-ZIP **4245 LOURY DR
 ZEPHYRHILLS FL 33543**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WALSHE, KATHERINE**
 CITY-ST-ZIP **37707 SR 54 W UNIT 44
 ZEPHYRHILLS FL 33541**

TITLE ☒ Change ☐ Addition
 NAME **DC**
 STREET ADDRESS **37707 SR 54 W, Box 00**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Gaye Little**
 CITY-ST-ZIP **12808 Lake Jovita Blvd
 Dade City, FL 33525**

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)(l), 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: **Cynthia A. Heinrich** **Cynthia A. Heinrich** **1/21/02** **352-524-2250**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)