2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725331

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90004 040 ****61.25

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, ENGLEWOOD, FL

Principal Place of Business	Mailing Address
35 S. OXFORD RD. ENGLEWOOD FL 34295-0747	PO BOX 747 ENGLEWOOD FL 34295-0747

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	Zip / Country

4. FEI Number 23-7205680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRATTEN, ELIZABETH
732 WATERSEDGE ST
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name: MORTON B. KEEGAN
Street Address (P.O. Box Not Acceptable): 5741 BEGONIA RD
City: VENICE, FL 34292
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: Morton B. Keegan MORTON B. KEEGAN 1/11/00
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

1992 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C PRATTEN, ELIZABETH 732 WATERSEDGE ST ENGLEWOOD FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MORTON B. KEEGAN 5741 BEGONIA RD VENICE, FL 34292	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALVANAH, ROBERT MAC 9322 LUCIAN AVE ENGLEWOOD FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARION MCCONNELL 716 BLACKBURN BLVD VENICE, FL 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIMMONS, LARRY B 1215 MANASOTA BCH RD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODGERS, WAYNE S 127 MARTINIQUE RD NORTH PORT FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCONNELL, MARION 716 BLACKBURN BLVD. VENICE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELISSA MACDONALD 5062 SOUTHERN PINE CIR. VENICE, FL 34293	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEFFEN, ELLA J 17 QUAIL'S RUN BLVD #4 ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Morton B. Keegan MORTON B. KEEGAN JAN. 4, 2000 (941) 493-0847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #