2001 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 14, 2001 8:00 am § Secretary of State **DOCUMENT # 725331** 09-14-2001 90012 046 ****61.25 FIRST CHURCH OF CHRIST, SCIENTIST, ENGLEWOOD, FL Principal Place of Business Mailing Address 35 S. OXFORD RD. PO BOX 747 ENGLEWOOD FL 34295-0747 ENGLEWOOD FL 34295-0747 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7205680 Not Applicable Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEEGAN, MORTON B 5741 BEGONIA RD VENICE FL 34292 ENGLEWOOD 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete **X**Addition BRADY, JAMES 30 GRAND PALMS BLVD. KEEGAN, MORTON B NAME STREET ADDRESS 5741 BEGONIA RD STREET ADDRESS ENGLEWOOD, PL 34223 CITY-ST-ZIP VENICE FL 34292 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition MCCONNELL, MARION NAME NAME STREET ADDRESS 716 BLACKBURN BLVD STREET ADDRESS CITY-ST-71P CITY-ST-ZIP **VENICE FL 34287** TITLE ☐ Delete TITLE Change ☐ Addition SIMMONS, LARRY B NAME NAME STREET ADDRESS 1215 MANASOTA BCH RD STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL 34223** CITY-ST-ZIP MAC ALVANAH, ROBERT - Change TITLE TITI F Delete NAME RODGERS, WAYNE S NAME STREET ADDRESS 127 MARTINIQUE RD STREET ADDRESS ENGLEWOOD, FL 34124-9514 CITY-ST-ZIP **NORTH PORT FL 34287** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME MACDONALD, MELISSA NAME STREET ADDRESS **5062 SOUTHERN PINE CIR** STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIE ☐ Addition Delete TITLE ☐ Change

12. I hereby certify that the information supplied with this filling 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 endowered 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 attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

STEFFEN, ELLA J

17 QUAIL'S RUN BLVD #4

ENGLEWOOD FL 34223

LARRY B, SIM WONS

(5/01)