

2002 UNIFORM BUSINESS REPORT (UBR)

5/22

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90076 036 ****61.25

DOCUMENT # 725331

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, ENGLEWOOD, FL
ORIDA, INC.**

Principal Place of Business

Mailing Address

**35 S. OXFORD RD.
ENGLEWOOD FL 34295-0747**

**PO BOX 747
ENGLEWOOD FL 34295-0747**

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

7. Name and Address of New Registered Agent

**SIMMONS, LARRY B
1215 MANASOTA BEACH RD
ENGLEWOOD FL 34223**

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	☒ Delete
NAME	BRADY, JAMES <i>DIRECTOR</i>
STREET ADDRESS	30 GRAND PALMS BLVD
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	☒ Delete
NAME	MCCONNELL, MARION
STREET ADDRESS	716 BLACKBURN BLVD
CITY-ST-ZIP	VENICE FL 34287
TITLE	☐ Delete
NAME	SIMMONS, LARRY B <i>DIRECTOR</i>
STREET ADDRESS	1215 MANASOTA BCH RD
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	☒ Delete
NAME	MACALVANAH, ROBERT <i>DIRECTOR</i>
STREET ADDRESS	9322 LUCIAN AVE
CITY-ST-ZIP	ENGLEWOOD FL 34224-9514
TITLE	☒ Delete
NAME	MACDONALD, MELISSA
STREET ADDRESS	5062 SOUTHERN PINE CIR
CITY-ST-ZIP	VENICE FL 34293
TITLE	☐ Delete
NAME	SAWYER, DEAN B <i>DIRECTOR</i>
STREET ADDRESS	7 CHARLSTON CIRCLE
CITY-ST-ZIP	ENGLEWOOD, FL 34223

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)