2002 UNIFORM BUSINESS REPORT (UBR) AMENDED

09-02-2002 90147:007 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

877544

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Larry B Simmons 8-26-01

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Larry B. Simmons

After September 13, 2002, min. will be $236.25.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C BRADY, JAMES 30 GRAND PALMS BLVD ENGLEWOOD FL 34223	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCONNELL, MARION 716 BLACKBURN BLVD VENICE FL 34287	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition BRADY, GRACE 30 GRAND PALMS BLVD ENGLEWOOD, FL 34223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIMMONS, LARRY B 1215 MANASOTA BCH RD ENGLEWOOD FL 34223	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V MACALVANAH, ROBERT 9932 NUCVAN AVE ENGLEWOOD FL 34224-9514	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☒ Change ☐ Addition MAC ALVANAH, ROBERT 900 TAMIAMI TRL APT. 534 VENICE, FL 34285
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACDONALD, MELISSA 5062 SOUTHERN PINE CIR VENICE FL 34293	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Sawyer, Dean B. 7 Charleston Circle Englewood, FL 34223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (4/02)

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: SIGNATURE REQUIRED

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