

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-08-2003 90095 017 ****61.25

DOCUMENT # 725331

1. Entity Name

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



Principal Place of Business
**35 S. OXFORD RD.
ENGLEWOOD FL 34295-0747**

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

55054572

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7205680**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **BRADY, JAMES**
STREET ADDRESS **30 GRAND PALMS BLVD**
CITY-ST-ZIP **ENGLEWOOD FL 34223** **CHAIRMAN, EXECUTIVE BOARD**

TITLE **D** ☒ Delete
NAME **BRADY, GRACE**
STREET ADDRESS **30 GRAND PALMS BLVD**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **T** ☐ Delete
NAME **SIMMONS, LARRY B**
STREET ADDRESS **1215 MANASOTA BCH RD**
CITY-ST-ZIP **ENGLEWOOD FL 34223** **TREASURE EXECUTIVE BOARD MEMBER**

TITLE **V** ☒ Delete
NAME **MAC ALVANAH, ROBERT**
STREET ADDRESS **900 TAMiami TR APT 534**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** ☐ Delete
NAME **SAWYER, DEAN B**
STREET ADDRESS **7 CHARLESTON CIRCLE**
CITY-ST-ZIP **ENGLEWOOD FL 34223** **EXECUTIVE BOARD MEMBER**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Marion McConnell** ☐ Change ☒ Addition
NAME **716 Blackburn Blvd**
STREET ADDRESS **Venice, FL 34287** **EXECUTIVE BOARD MEMBER**

TITLE **Betty Pratten** ☐ Change ☒ Addition
NAME **3 Bahama Cir.**
STREET ADDRESS **Englewood, FL 34223** **EXECUTIVE BOARD MEMBER**

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

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/03 741 4751788

Day

Daytime Phone #

CR2E037 (4/03)