

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005583

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, WEST PALM BEA

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90169 042 ****61.25

Principal Place of Business 138 LAKEVIEW AVE WEST PALM BEACH FL 33401	Mailing Address 138 LAKEVIEW AVE WEST PALM BEACH FL 33401-6110
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>same</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-6001048	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ASHLEY, JAMES F
1600 EMBASSY DR.
APT 106
W PALM BEACH FL 33401~~

7. Name and Address of New Registered Agent

Name *Cynthia P. Hammar*

Street Address (PO Box Number is Not Acceptable)
501 Privateer Rd.

North Palm Beach, FL

City *FL* Zip Code *33408*

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 *Cynthia P. Hammar* DATE *4/26/00*

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	<i>D</i> <input checked="" type="checkbox"/> Delete
NAME	<i>ASHLEY, JIM</i>
STREET ADDRESS	<i>1600 EMBASSY DR., APT. 106</i>
CITY-ST-ZIP	<i>WEST PALM BEACH FL 33401</i>
TITLE	<i>D</i> <input type="checkbox"/> Delete
NAME	<i>ASHLEY, VIRGINIA</i>
STREET ADDRESS	<i>4202 LARCH AVE</i>
CITY-ST-ZIP	<i>PALM BEACH GARDENS FL 33418</i>
TITLE	<i>D</i> <input checked="" type="checkbox"/> Delete
NAME	<i>BRIGHT, CLARE</i>
STREET ADDRESS	<i>5380 WOODLAND LAKES DR APT 316</i>
CITY-ST-ZIP	<i>PALM BCH GARDENS FL 33418</i>
TITLE	DT <input type="checkbox"/> Delete
NAME	<i>HAMMAR, CYNTHIA</i>
STREET ADDRESS	<i>501 PRIVATEER RD</i>
CITY-ST-ZIP	<i>NORTH PALM BEACH FL 33408</i>
TITLE	<i>D</i> <input type="checkbox"/> Delete
NAME	<i>HEINLEIN, JOY</i>
STREET ADDRESS	<i>120 COVE RD.</i>
CITY-ST-ZIP	<i>WEST PALM BEACH FL 33413</i>
TITLE	<i>D</i> <input type="checkbox"/> Delete
NAME	<i>WIDELL, BONNIE-SUE</i>
STREET ADDRESS	<i>711 PINE TREE LANE</i>
CITY-ST-ZIP	<i>WEST PALM BEACH FL 33406</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>D</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dorothy W. Jensen</i>
STREET ADDRESS	<i>151 Harbor Lake Cir.</i>
CITY-ST-ZIP	<i>West Palm Beach, FL 33413</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ann M. Hopkins</i>
STREET ADDRESS	<i>6606 Patio Lane</i>
CITY-ST-ZIP	<i>Boca Raton, FL 33433</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cynthia P. Hammar, Chairman* DATE: *4/26/00* (561) 845-8182

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

CR2E037 (9/99)