

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90205 020 ****61.25

DOCUMENT # N95000005718

1. Entity Name

THE CHRISTIAN SCIENCE ASSOCIATION OF THE PUPILS

Principal Place of Business

224 DATURA STREET
 SUITE 1412
 WEST PALM BEACH FL 33401-5642

Mailing Address

224 DATURA STREET
 SUITE 1412
 WEST PALM BEACH FL 33401-5642

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0639350

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CUMMINGS, ANN F. SEARLES
224 DATURA STREET
SUITE 1412
WEST PALM BEACH FL 33401-5642

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUMMINGS, ANN F. S	
STREET ADDRESS	224 DATURA STREET, STE 1412	
CITY-ST-ZIP	WEST PALM BEACH FL 33401-5642	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUGHES, HOLLY	
STREET ADDRESS	2306 SE 15TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKWITH, HARRIET	
STREET ADDRESS	700 BANYAN DR.	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann F. S. -> letter as in	
STREET ADDRESS	same	
CITY-ST-ZIP	Q R S T U V	
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		
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)(l), 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: *Ann F. Searles Cummings* 1/12/00 561-655-4840
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)