

# 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

Mailing Address

138 LAKEVIEW AVE  
WEST PALM BEACH FL 33401

138 LAKEVIEW AVE  
WEST PALM BEACH FL 33401-6110

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6001048

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

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

Name

Cynthia P. Hammar

Street Address (P.O. 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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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 D ☒ Delete  
NAME ASHLEY, JIM  
STREET ADDRESS 1600 EMBASSY DR., APT. 106  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ Change ☐ Addition  
NAME Dorothy W. Jensen  
STREET ADDRESS 151 Harbor Lake Cir.  
CITY-ST-ZIP West Palm Beach, FL 33413

TITLE D ☐ Delete  
NAME ASHLEY, VIRGINIA  
STREET ADDRESS 4202 LARCH AVE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE D ☒ Delete  
NAME BRIGHT, CLARE  
STREET ADDRESS 5380 WOODLAND LAKES DR APT 316  
CITY-ST-ZIP PALM BCH GARDENS FL 33418

TITLE D ☐ Change ☐ Addition  
NAME Ann M. Hopkins  
STREET ADDRESS 6606 Patio Lane  
CITY-ST-ZIP Boca Raton, FL 33433

TITLE ~~BT DT~~ ☐ Delete  
NAME HAMMAR, CYNTHIA  
STREET ADDRESS 501 PRIVATEER RD  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE D ☐ Delete  
NAME HEINLEIN, JOY  
STREET ADDRESS 120 COVE RD.  
CITY-ST-ZIP WEST PALM BEACH FL 33413

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

TITLE D ☐ Delete  
NAME WIDELL, BONNIE-SUE  
STREET ADDRESS 711 PINE TREE LANE  
CITY-ST-ZIP WEST PALM BEACH FL 33406

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:

*Cynthia P. Hammar, Chairman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 (561) 845-8182

CR2E037 (9/99)