

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90138 017 ****61.25

DOCUMENT # N93000005583

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, WEST PALM BEA

Principal Place of Business

**138 LAKEVIEW AVE
 WEST PALM BEACH FL 33401**

Mailing Address

**138 LAKEVIEW AVE
 WEST PALM BEACH FL 33401**

2. Principal Place of Business

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

**HAMMAR, CYNTHIA P
 501 PRIVATEER RD
 NORTH PALM BEACH FL 33408**

Name
HAMMAR, CYNTHIA P

Street Address (P.O. Box Number is Not Acceptable)
501 PRIVATEER ROAD

City
NORTH PALM BEACH, 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 JENSEN, DOROTHY W
 151 HARBOR LAKE CIR
 WEST PALM BEACH FL 33413** ☐ Delete

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BRIDGES, PATRICIA H.
 11811 Avenue of PGA # 7-26
 Palm Beach Gardens, FL 33418** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HOPKINS, ANN M
 6606 PATIO LANE
 BOCA RATON FL 33433** ☐ Delete

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BUTLER, BETTY J.
 1426 Alpha Court So.
 West Palm Beach, FL 33406** ☐ Change ☐ Addition

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

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 561-845-8182
 Date Daytime Phone #

CR2E037 (10/00)