

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90081 043 \*\*\*\*61.25

**DOCUMENT # 702148**

1. Entity Name

**SECOND CHURCH OF CHRIST, SCIENTIST, MELBOURNE, F**

Principal Place of Business

MELBOURNE, FLORIDA, INC.  
 565 MONTREAL AVE.  
 MELBOURNE FL 32935-4006

Mailing Address

MELBOURNE, FLORIDA, INC.  
 565 MONTREAL AVE.  
 MELBOURNE FL 32935-7006

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**70-2148150**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STURGELL, JAMES O**  
**397 BERKELEY ST**  
**SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRICE, RUSSELL</b>	
STREET ADDRESS	<b>769 BOC CIRCLE NW</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRAHAM, ELLA N.</b>	
STREET ADDRESS	<b>1370 PRUM AVE NW</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HATCH, ALTHA</b>	
STREET ADDRESS	<b>1966 OAKWOOD DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>DCT</b>	<input type="checkbox"/> Delete
NAME	<b>STURGELL, JAMES O.</b>	
STREET ADDRESS	<b>397 BERKELEY ST.</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCGARY, PATRICIA</b>	
STREET ADDRESS	<b>3150 N ATLANTIC AVE</b>	
CITY-ST-ZIP	<b>COCOA BCH FL 32931</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STANTON, ELSIE</b>	
STREET ADDRESS	<b>10640 S TROPICAL TRAIL</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32925</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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:

*James O. Sturgell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-2000**

**321-777-0095**

Date

Daytime Phone #

CR2E037 (9/99)