

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702148

1. Entity Name

SECOND CHURCH OF CHRIST, SCIENTIST, MELBOURNE, FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 70-2148150

Applied For  
Not Applicable

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

STURGELL, JAMES O  
397 BERKELEY ST  
SATELLITE BEACH FL 32937

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME PRICE, RUSSELL  
STREET ADDRESS 769 BOC CIRCLE NW  
CITY-ST-ZIP PALM BAY FL ☐ Delete

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

TITLE D  
NAME GRAHAM, ELLA N.  
STREET ADDRESS 1370 PRUM AVE NW  
CITY-ST-ZIP PALM BAY FL ☒ Delete

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

TITLE D  
NAME HATCH, ALTHA  
STREET ADDRESS 1966 OAKWOOD DR.  
CITY-ST-ZIP MELBOURNE FL ☐ Delete

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

TITLE DCT  
NAME STURGELL, JAMES O.  
STREET ADDRESS 397 BERKELEY ST.  
CITY-ST-ZIP SATELLITE BEACH FL ☐ Delete

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

TITLE D  
NAME STANTON, ELSIE  
STREET ADDRESS 10640 S TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND FL 32925 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: *James O. Sturgell* JAMES O. STURGELL 1-11-02 321-777-0045

FILED  
Jan 27, 2002 8:00 am  
Secretary of State

01-27-2002 90019 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)