

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-19-2000 90066 032 ****61.25

DOCUMENT # 702253

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, STUART, FLORID

Principal Place of Business

Mailing Address

515 E OCEAN BLVD
 STUART FL 34994
 US

515 E OCEAN BLVD
 STUART FL 34994-2571
 US

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

59-2096064

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

7. Name and Address of New Registered Agent

PALMER, ANTHONY F.
2848 SW BRIGHTON WAY
PALM CITY FL 34990

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 Delete
 NAME **D**
HILTON, MAYFA J
 STREET ADDRESS **4238 SE HOME WAY**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE Change Addition
 NAME **D**
Aufort, Paulette
 STREET ADDRESS **2950 SE Ocean Blvd. 128-5**
 CITY-ST-ZIP **Stuart, FL 34996**

TITLE Delete
 NAME **T**
LAUFFER, JAMES C.
 STREET ADDRESS **8 N. SEWALLS POINT RD**
 CITY-ST-ZIP **SEWALLS POINT FL 34996**

TITLE Change Addition
 NAME **D**
Ernst, Jane
 STREET ADDRESS **1800 SE St. Lucie Blvd 12-103**
 CITY-ST-ZIP **Stuart, FL 34996**

TITLE Delete
 NAME **D**
JACOBS, ALFRED E
 STREET ADDRESS **6042 SE RIVERBOAT DR**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME **D**
Ewing, Gerritt L.
 STREET ADDRESS **2600 SE Ocean Blvd Apt P7**
 CITY-ST-ZIP **Stuart, FL 34996**

TITLE Delete
 NAME **SC**
DOROTHY RACE
 STREET ADDRESS **690 NW AVEN ST**
 CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE Change Addition
 NAME **D**
Loose, Franklin
 STREET ADDRESS **2138 SW Imperial St**
 CITY-ST-ZIP **Port St. Lucie, FL 34987**

TITLE Delete
 NAME **T**
MEYER, LILLIAN E.
 STREET ADDRESS **8433 SE DOUBLE TREE DRIVE**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME **C**
Parry, Claire B.
 STREET ADDRESS **1800 SE St. Lucie Blvd 12-104**
 CITY-ST-ZIP **Stuart, FL 34996**

TITLE Delete
 NAME **T**
HOWARD, VIOLET
 STREET ADDRESS **3281 SE COURT DR**
 CITY-ST-ZIP **STUART FL 34997**

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:

Dorothy C. Race
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy C. Race, S/C

4-10-2000

Date

Daytime Phone #

CRZE037 (9/99)