

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90073 020 \*\*\*\*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  
 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

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 NAME	<b>D</b> <del>HILTON, MAYFA J</del>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<del>4238 SE HOME WAY</del>	
CITY-ST-ZIP	<del>PORT ST. LUCIE FL</del>	
TITLE NAME	<b>D</b> AUFORT, PAULETTE	<input type="checkbox"/> Delete
STREET ADDRESS	2950 SE OCEAN BLVD. #128-5	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME	<b>D</b> <del>JACOBS, ALFRED E</del>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<del>6042 SE RIVERBOAT-DR</del>	
CITY-ST-ZIP	<del>STUART FL</del>	
TITLE NAME	<b>SC</b> <del>DOROTHY RACE</del>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<del>690 NW AVEN ST</del>	
CITY-ST-ZIP	<del>PT. ST. LUCIE FL</del>	
TITLE NAME	<b>D</b> ERNST, JANE	<input type="checkbox"/> Delete
STREET ADDRESS	1800 SE ST LUCIE BLVD 12-103	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME	<b>T</b> HOWARD, VIOLET	<input type="checkbox"/> Delete
STREET ADDRESS	3281 SE COURT DR	
CITY-ST-ZIP	STUART FL 34997	

TITLE NAME	<b>D</b> Mrs. Marian Sue Kreutzberg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	34996 6460 SE South Marina Way	
CITY-ST-ZIP	Stuart, FL	
TITLE NAME	<b>D</b> Mrs. Shirley Goodner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	588 SE Chapman Ave.	
CITY-ST-ZIP	Port St. Lucie, FL 34984	
TITLE NAME	<b>D</b> Mrs. Dora Jane Dragseth	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3623 SE Old St. Lucie Blvd.	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE NAME	<b>D</b> Mr. Anthony Palmer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2848 SW Brighton Way	
CITY-ST-ZIP	Palm City 34990 FL	
TITLE NAME	<b>SC</b> Mrs. Eloise C. Brown	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3792 NE Ocean Blvd. #214N	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature*  
**REINSTATED 61.25**

221-0560

CR2E037 (10/00)