## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **702253**

## ALL AC AUDIOT COICNTICT CTUART CLOSES

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # 702253  1. Entity Name						Ju	1.09 2	002.8	•00	am
						Jul 09, 2002 8:00 am Secretary of State				
FIRST CI A, INC:	HURCH OF CHRIST, SCIENTI	ST, STUART,FLO	RID			/	03-25-2002 9	0121 037 *	***61.	.25
Principal Place of Business		Mailing Address								
515 E OCEAN BLVD STUART FL 34994 US		515 E OCEAN BLVD STUART FL 34994 US				DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State				4. FEI Number 59-2096064 Applied For Not Applied by				
Zip Country		Žip		Country		5. Certificate of St	<del></del>	<u>_</u>	Not.  75 Addit	Applicable tional
				т				Fee H	equired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
DALLATE ANTI-CANA				Street Ad	eet Address (P.O. Box Number is Not Acceptable)					
PALMER, ANTHONY F. 2848 SW BRIGHTON WAY										
PALM CITY	Y FL 34990			City				FL Zi	ip Code	
0 The election	named entity submits this statement for	the purpose of changi	ina ite register	red office or	registere	ed agent or both in	the State of Floric		r with, a	nd accept
	ions of registered agent.	the purpose of change	ing its register	000	rogiotore	o agoni, or com, m				,
CICLIATURE										
SIGNATURE.	Signature, typed or printed name of registered agent of	and title if applicable.	(NOTE: Register	ed Agent signatu	ure required	when reinstating)		DATE		
After September 13, 2002, 9. Election Cammin. will be \$236.25. Trust Fund C									0	
10.	OFFICERS AND DIF	RECTORS	11.		A	DDITIONS/CHANG	ES TO OFFICERS	AND DIRECTO	ORS IN 1	10
TITLE	D	☐ Delete			D,	1			hange	Addition
NAME KREUTZBERG, MARIAN SUE MRS. STREET ADDRESS 6460 SE SOUTH MARINA WAY		STF		ME REET ADDRESS	9000 3623	s SE Old 9	7 MOCIO	Blud		
CITY-ST-ZIP	STUART FL 34996		CIT	Y-ST-ZIP	5+0	ART, FL 3	34996			
TITLE	D.	Delete	TITI		$\mathcal{L}_{\mathcal{Q}}$	nsklin loc	15e_ ·		hange	<b>X</b> Addition
NAME STREET ADDRESS	AUFORT, PAULETTE 2950 SE OCEAN BLVD #128-5			REET ADDRESS	213	F SW IM	penials	<i>t</i> .		
CITY-ST-ZIP	STUART FL 34996		CIT	Y-ST-ZIP	Pos	7 64. Line	<u>e, Fl</u> 3	4987		
TITLE	OCCUPIED CUIDLEY MDC	Delete	TITI NAI		D.	<b>C</b> 11 1.			hange:	Addition
NAME STREET ADDRESS	GOODNER, SHIRLEY MRS. 588 SE CHAPMAN AVENUE			REET ADDRESS	115 >	sen Iw te rilte	wester (	. t2		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984		CIT	Y-ST-ZIP	2027	5+ Lucie	FL 31	1952		
TITLE	SE D	☐ Delete			2G	_		□ c	hange	Addition
NAME STREET ADDRESS	BROWN, ELOISE C MRS 3792 NE OCEAN BLVD. # 214 N		NAI STE	ME REET ADDRESS	Gos	olym Kici	red .		una E	•
CITY-ST-ZIP	JENSEN BEACH FL 34957			Y-ST-ZIP	570	ONE ISIO	(70) ('00e 1 4994	may # "		
TITLE	D	<b>⊠</b> Delete							hange	☐ Addition
NAME	ERNST, JANE		NAI Ste	ME Reet address						
STREET ADDRESS CITY-ST-ZIP	1800 SE ST LUCIE BLVD 12-103   STUART FL 34996			Y-ST-ZIP						
TITLE	T	<b>⋈</b> Delete						,,	hange	Addition
NAME	HOWARD, VIOLET		NA STE	ME REET ADDRESS				2 1		•

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

STUART FL 34997

7/2/02

**FILED**