

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90943 031 ****61.25

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DOCUMENT # 702253

1. Entity Name
FIRST CHURCH OF CHRIST, SCIENTIST, STUART, FLORIDA, INC.



Principal Place of Business
**515 E OCEAN BLVD
STUART FL 34994
US**

Mailing Address
**515 E OCEAN BLVD
STUART FL 34994
US**



CHECK HERE IF MAKING CHANGES

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~~

**Ernst, Jane
1800 SE St. Lucie Blvd
Stuart, FL 34996**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jane Ernst

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	KREUTZBERG, MARIAN SUE MRS.	6460 SE SOUTH MARINA WAY	STUART FL 34996	<input checked="" type="checkbox"/>
D	DRAGSETH, DORA J	3603 SE O ST LUCIE BLVD	STUART FL 34996	<input checked="" type="checkbox"/>
D	GOODNER, SHIRLEY MRS.	588 SE CHAPMAN AVENUE	PORT SAINT LUCIE FL 34984	<input checked="" type="checkbox"/>
SC	BROWN, ELOISE C MRS	3792 NE OCEAN BLVD. # 214 N	JENSEN BEACH FL 34957	<input checked="" type="checkbox"/>
D	LOOSE, FRANKLIN	2138 SW IMPERIAL STREET	PORT SAINT LUCIE FL 34987	<input type="checkbox"/>
SC	RICHEY, CAROLYN	5700 NORTH ISLAND COVE WAY #4205	STUART FL 34996	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Hilton, Mayfa	4238 SE Home Way	Port St. Lucie, FL 34952	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Rowell, Earleen	1108 E. Osceola St	STUART, FL 34994	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Jayne, Jean	1906 NE River Court	Jensen Beach, FL 34957	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Schiffel, Jeannette	2950 SE Ocean Blvd	Stuart, FL 34994	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Jureit, Cal	14 Castle Hill Way	Stuart, FL 34996	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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: *Caroline Richey* SIGNATURE REQUIRED Richey 2/4/03 772-287-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR