

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90072 044 ****61.25

0051924

DOCUMENT # 703621

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, BOCA RATON, F

Principal Place of Business

566 W PALMETTO PARK RD
 BOCA RATON FL 33432

Mailing Address

566 W PALMETTO PARK RD
 BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1143806

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, GLORIA
1428 SE 4 AVE., #264
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DRUMMOND, GLORIA	
STREET ADDRESS	1428 SE 4 AVE., #264	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POGUE REED, ANGELA	
STREET ADDRESS	1857 JACKSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	C	<input type="checkbox"/> Delete
NAME	LEDBETTER, SUSAN	
STREET ADDRESS	2900 BANYAN BLVD CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILEY, MARJORIE	
STREET ADDRESS	448 S MANA PALM DR	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIETZ, NORMAN	
STREET ADDRESS	4802 ORCHARD LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNROE, CLAUDIA	
STREET ADDRESS	1123 SW 4TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VC	
STREET ADDRESS	BONNIE MAEHLMANN	
CITY-ST-ZIP	2900 NW 1ST AVE POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA MELSON	
STREET ADDRESS	577207 ARBOR CLUB WAY, BLDG. 1	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/01 **561-391-7689**

Date

Daytime Phone #

CR2E037 (10/00)