

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90052 038 \*\*\*\*61.25

**DOCUMENT # 703621**

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, BOCA RATON, FLORIDA, INC.**

Principal Place of Business

Mailing Address

566 W PALMETTO PARK RD  
 BOCA RATON FL 33432

566 W PALMETTO PARK RD  
 BOCA RATON FL 33432

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

**59-1143806**

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

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

Name --

**MELSON, BARBARA J.**

Street Address (P.O. Box Number is Not Acceptable)

**577207 ARBOR WAY, Bldg. 1**  
**Club**

**Boca Raton, FL 33433**

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

*Barbara J. Melson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/10/02**

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 **D**  Delete  
 NAME **DRUMMOND, GLORIA**  
 STREET ADDRESS **1428 SE 4 AVE., #264**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **VC**  Change  Addition  
 NAME **WENDY SIGURDSON**  
 STREET ADDRESS **732 NW 29TH STREET**  
 CITY-ST-ZIP **WILTON MANOR, FL 33311**

TITLE **VD**  Delete  
 NAME **MAEHLMANN, BONNIE**  
 STREET ADDRESS **2900 NW 1ST AVENUE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D**  Change  Addition  
 NAME **MEIER, Christian**  
 STREET ADDRESS **4799 NW 96th Dr.**  
 CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **C**  Delete  
 NAME **LEDBETTER, SUSAN**  
 STREET ADDRESS **2900 BANYAN BLVD CIRCLE**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D**  Change  Addition  
 NAME **SHIRLEY VANHOFF**  
 STREET ADDRESS **8646 VIA REALE, UNIT #3**  
 CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **D**  Delete  
 NAME **MELSON, BARBARA**  
 STREET ADDRESS **577207 ARBOR CLUB WAY BLDG. 1**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **DIETZ, NORMAN**  
 STREET ADDRESS **4802 ORCHARD LANE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MUNROE, CLAUDIA**  
 STREET ADDRESS **1123 SW 4TH ST**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **C**  Change  Addition  
 NAME **MUNROE, Claudia**  
 STREET ADDRESS **1123 SW 4th St.**  
 CITY-ST-ZIP **Boca Raton, FL 33486**

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 Required*

**2/6/02**

**561-391-7689**

CR2E037 (9/01)