

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90105 035 \*\*\*\*61.25

**DOCUMENT # 703726**

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, DUNEDIN INC.**

Principal Place of Business

Mailing Address

1650 PINEHURST ROAD  
 DUNEDIN FL 34698

1650 PINEHURST ROAD  
 DUNEDIN FL 34698

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

None

Suite, Apt. #, etc.

None

City & State

Same as above

City & State

Same as above

Zip

Same as above USA

Country

USA

Zip

Same as above USA

Country

USA

4. FEI Number

70-3726620

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

**SMITH VINCENT F.**  
**2638 PINWOOD DRIVE**  
**DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name

**Mrs. Dorothy Chase**

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

**2924 Star Apple Ct. Strathmore Gate E.**

**Palm Harbor, Florida 34684**

City

Same as above

**FL**

Zip Code  
**34684**

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

*Nancy Chase, Chairman, Exp Board*

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

(NOTE: Registered Agent signature required when reinstating)

**2/10/2002**

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	DC	<input checked="" type="checkbox"/> Delete
NAME	<b>RUTZ, JANET</b>	
STREET ADDRESS	<b>2694 BRATTLE LANE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34621</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>DIAZ, EDNA</b>	
STREET ADDRESS	<b>2046 BRAMPTON ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>COREY, RUTH H.</b>	
STREET ADDRESS	<b>1199 LAZY LAKE DRIVE WEST</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	<b>LAUGHLIN, OWEN R</b>	
STREET ADDRESS	<b>2909 GULF TO BAYAPT G201</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LAUGHLIN, SAMANTHA</b>	
STREET ADDRESS	<b>2909 GULF TO BAY APT G201</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LEWANDOWSKI, HAZEL</b>	
STREET ADDRESS	<b>2550 HWY 580E #294</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34621</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Chase, Dorothy</b>	
STREET ADDRESS	<b>2924 Star Apple Ct., Strathmore Gate E.</b>	
CITY-ST-ZIP	<b>Palm Harbor 34684</b>	
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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Althea F. Patterson</b>	
STREET ADDRESS	<b>2360 Irish Lane #24</b>	
CITY-ST-ZIP	<b>Clearwater, Florida 33763</b>	
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:

*Ruth H. Corey, Secretary (Officer)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 24, 2002** 727-733-9995

Date Daytime Phone #

CR2E037 (9/01)