

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90189 016 ****61.25

DOCUMENT # 703726

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, DUNEDIN INC.



Principal Place of Business

**1650 PINEHURST ROAD
DUNEDIN FL 34698
US**

Mailing Address

**1650 PINEHURST ROAD
DUNEDIN FL 34698
US**

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **70-3726620**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHASE, DOROTHY MRS
2924 STAR APPLE CT STRATHMORE GATE E
PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name *Same*

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 *Jeramy Chau*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/2003

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 **DC**
NAME **CHASE, DOROTHY**
STREET ADDRESS **2924 STAR APPLE CT STRATHMORE GATE E**
CITY-ST-ZIP **PALM HARBOR FL 34684**

☐ Delete

TITLE **T**
NAME **DIAZ, EDNA**
STREET ADDRESS **2046 BRAMPTON ROAD**
CITY-ST-ZIP **CLEARWATER FL 34615**

☐ Delete

TITLE **S DC**
NAME **COREY, RUTH H.**
STREET ADDRESS **1199 LAZY LAKE DRIVE WEST**
CITY-ST-ZIP **DUNEDIN FL**

☐ Delete

TITLE **D**
NAME **PATTERSON, ALTHEA F**
STREET ADDRESS **2360 IRISH LANE #24**
CITY-ST-ZIP **CLEARWATER FL 33763**

☐ Delete

TITLE **D**
NAME **LAUGHLIN, SAMANTHA**
STREET ADDRESS **2909 GULF TO BAY APT G201**
CITY-ST-ZIP **CLEARWATER FL 33759**

☒ Delete

TITLE **D**
NAME **LEWANDOWSKI, HAZEL**
STREET ADDRESS **2550 HWY 580E #294**
CITY-ST-ZIP **CLEARWATER FL 34621**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **Owen Laughlin**
STREET ADDRESS **2909 Gulf to Bay Apt G201**
CITY-ST-ZIP **Clearwater, FL 33759**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: **SIGRUTH H R COREY REQUIRED** *Ruth H Corey Feb 16 2003* (727) 733-7395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/02)