

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90032 030 ****61.25

DOCUMENT # 703729

1. Entity Name

FIRST CHURCH OF CHRIST SCIENTIST, NAPLES, FLORID
A

Principal Place of Business

Mailing Address

649 CENTRAL AVE
NAPLES FL 34102
US

649 CENTRAL AVE
NAPLES FL 34102
US

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

59-0932856

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

SWITZER, JOLENE
188 TAHITI CIRCLE
NAPLES FL 34113

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, FRED	NAME	
STREET ADDRESS	855 KETCH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, BARBARA	NAME	
STREET ADDRESS	1255 GULF SHORE BLVD N # 7N	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, JOHN	NAME	
STREET ADDRESS	11666 QUAIL VILLAGE WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYECROFT, FRED	NAME	
STREET ADDRESS	716 PROVINCETOWN DR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLIDGE, MEREDITH	NAME	
STREET ADDRESS	4611 CRAYTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Fred Jones*
CHAIRMAN, EXECUTIVE BOARD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *Jan. 9, 2002* Daytime Phone #: *941/262-1570*

CR2E037 (9/01)