

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705069

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST TITUSVILLE, FL

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90035 046 ****61.25

Principal Place of Business	Mailing Address
705 HARRISON STREET PO BOX 1677 TITUSVILLE FL 32781-1677	705 HARRISON STREET PO BOX 1677 TITUSVILLE FL 32781-1677



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number	Applied For
59-2327302	<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

VANHEMERT, MARTYN
3752 SAWGRASS DRIVE
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name
MARY Jane Longanecker
 Street Address (P.O. Box Number is Not Acceptable)
6515 Windover Way
Titusville,
 City
Titusville **FL** Zip Code
32780

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 Mary Jane Longanecker *Mary Jane Longanecker* Feb. 13, 2000
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHILLING, TOBEY 2904 JASMINE ST. TITUSVILLE FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MORRIS, MARGIE 218 FORRELL AVE TITUSVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GERRITY, ELLA 2825 S WASHINGTON AVE TITUSVILLE FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete VANHEMERT, MARTYN 3752 SAWGRASS DR TITUSVILLE FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition MARY Jane Longanecker 6515 Windover Way Titusville, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition JESSIE Carter 511 Wagner Ave. Titusville, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Peggy Cooper 2655 Bobcat Trail Titusville, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary Jane Longanecker **REQUIRED** *Mary Jane Longanecker* Feb. 13, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)