

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 705 HARRISON STREET PO BOX 1677 TITUSVILLE FL 32781-1677	Mailing Address 705 HARRISON STREET PO BOX 1677 TITUSVILLE FL 32781-1677
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2327302	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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 SHILLING, TOBEY 2904 JASMINE ST. TITUSVILLE FL 32798 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, MARGIE 218 FORRELL AVE TITUSVILLE, FL 00000 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERRITY, ELLA 2825 S WASHINGTON AVE TITUSVILLE FL 32780 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANHEMERT, MARTYN 3752 SAWGRASS DR TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete
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 MARY Jane Longanecker 6515 Windover Way Titusville, FL 32780 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JESSIE Carter 511 Wagner Ave. Titusville, FL 32796 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peggy Cooper 2655 Bobcat Trail Titusville, FL 32780 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Mary Jane Longanecker* Feb. 13, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)