

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

0024638

**DOCUMENT # 705069**

1. Entity Name

**CHRISTIAN SCIENCE SOCIETY, INC. TITUSVILLE, FLOR**

03-14-2001 90501 021 \*\*\*\*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

C0033630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2327302**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LONGENECKER, MARY JANE**  
**6515 WINDOVER WAY**  
**TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name **Peggy Cooper**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2655 Bobcat Trail**  
 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 Peggy Cooper *Peggy Cooper* 3-11-01  
Signature, typed or printed name of registered agent and title if applicable. (If new 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHILLING, TOBEY</b>	
STREET ADDRESS	<b>2904 JASMINE ST.</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LONGANECKER, MARY JANE</b>	
STREET ADDRESS	<b>6515 WINDOVER WAY</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GERRITY, ELLA</b>	
STREET ADDRESS	<b>2825 S WASHINGTON AVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, JESSIE</b>	
STREET ADDRESS	<b>511 WAGNER AVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEGGY Cooper</b>	
STREET ADDRESS	<b>2655 Bobcat Trail</b>	
CITY-ST-ZIP	<b>Titusville, FL 32780</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		<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: Peggy Cooper *Peggy Cooper* 3-11-01 321-269-2064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)