

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705069

1. Entity Name

CHRISTIAN SCIENCE SOCIETY, INC. TITUSVILLE, FLORIDA

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

COOPER, PEGGY  
2655 BOBCAT TRAIL  
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

JAMES ROWLAND

Street Address (P.O. Box Number is Not Acceptable)

45 SUNSET DR.

TITUSVILLE, FL

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 James Rowland, Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Make Check Payable to  
Department of State

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME SHILLING, TOBEY  
STREET ADDRESS 2904 JASMINE ST.  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE D  
NAME James Rowland  
STREET ADDRESS 45 Sunset Dr.  
CITY-ST-ZIP Titusville, FL 32780

TITLE D  
NAME LONGANECKER, MARY JANE  
STREET ADDRESS 6515 WINDOVER WAY  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D  
NAME Peggy Cooper  
STREET ADDRESS 2655 Bobcat Trail  
CITY-ST-ZIP Titusville, FL 32780

TITLE C  
NAME COOPER, PEGGY  
STREET ADDRESS 2655 BOBCAT TRAIL  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D  
NAME Mariel Sisson  
STREET ADDRESS 1159 Country Club Dr.  
CITY-ST-ZIP Titusville, FL 32780

TITLE D  
NAME CARTER, JESSIE  
STREET ADDRESS 511 WAGNER AVE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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:

James Rowland, Jr.

Date

Daytime Phone #

321-383-8956

FILED  
Apr 28, 2002 8:00 am  
Secretary of State

03-25-2002 90069 050 \*\*\*\*61.25

25819



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2327302

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CR2E037 (9/01)