

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90088 042 ****61.25

DOCUMENT # 705766

1. Entity Name

FIRST CHURCH OF CHRIST SCIENTIST, CORAL GABLES, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 140504
 CORAL GABLES FL 33114-7504

P.O. BOX 140504
 CORAL GABLES FL 33114-7504

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

59-0637839

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

TRAMMELL, TALBOT
650 CORAL WAY
#201
MIAMI FL 33134

Name

RICHARD KEEBLE

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

622 San Antonio Ave

City

Coral Gables

FL

Zip Code

33134

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

RICHARD KEEBLE, SECRETARY

FEB. 4, 2002

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

TITLE Delete
 NAME **DS**
KEEBLE, JANE T
 STREET ADDRESS **622 SAN ANTONIO AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE Change Addition
 NAME **C**
MIRIAM MADES
 STREET ADDRESS **105 W. SUNRISE AVE**
 CITY-ST-ZIP **CORAL GABLES, FL 33133**

TITLE Delete
 NAME **CD**
ROJAS, EDUARDO
 STREET ADDRESS **4540 SW 5TH ST**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE Change Addition
 NAME **VC**
ED HARPER
 STREET ADDRESS **4210 DOUGLAS RD**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE Delete
 NAME **D**
TRAMMELL, TALBOT
 STREET ADDRESS **650 CORAL WAY #201**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE Change Addition
 NAME **DS**
RICHARD KEEBLE
 STREET ADDRESS **622 SAN ANTONIO AVE**
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE Delete
 NAME **D**
STEEB, VICTOR
 STREET ADDRESS **1117 ALFONSO AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE Change Addition
 NAME **D**
CLARA RANSOM
 STREET ADDRESS **1901 CORTEZ ST., CORAL GABLES, FL**
 CITY-ST-ZIP **33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D**
KATHRYN O'BRIEN
 STREET ADDRESS **1045 CASTILE AVE., CORAL GABLES, FL**
 CITY-ST-ZIP **33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(l), 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:

SIGNATURE REQUIRED RICHARD KEEBLE, SECRETARY

FEB. 4, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2002 System File # 1727

CR2E037 (9/01)