2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
02-11-2000 90037 002 ****61.25

DOCUMENT # 706326

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, EUSTIS, FLORI

Principal Place of Business	Mailing Address
106 MAGNOLIA AVE EUSTIS FL 32726	108 MAGNOLIA AVE EUSTIS FL 32726-3418

DO NOT WRITE IN THIS SPACE

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 59-6032872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUTT, VIRGINIA S 26515 SR 19 HOWEY-IN-TH-HILLS FL 34737	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAKER, SALLY 2150 ARBOR WAY MT DORA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN PHOEBE J. MUELLER 22555 WINTERWILLOW LN. EUSTIS, FL. 32736	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC COUGHTRY, DAVID 1843 OVERLOOK DR MOUNT DORA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-CHAIRMAN ELAINE W. SKIPWITH 4033 LAKE FOREST MOUNT DORA, FL. 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C COLEMAN, ELIZABETH 41420 SUNSHINE AVE UMATILLA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR COUGHTRY, SUE ELLEN 1843 OVERLOOK DR. MOUNT DORA, FL. 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, WAYNE 2438 WASHINGTON RD MOUNT DORA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HASSELBRING, AMY 404 S. CENTER ST. EUSTIS, FL. 32726	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EKKENS, THRESSA MFL 105 WOODLAND DR. LEESBURG FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR EASTWOOD, JEANNE 426 LAKE DORA DR. TAVARES, FL. 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HASSELBRING, MARK 404 S CENTER ST EUSTIS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR THURMOND, ALICE 42021 LAKEVIEW DR. ALTOONA, FL. 32702	☐ Change ☒ 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: Signature Redacted 2-7-2000 352-357-994-