

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90187 038 \*\*\*\*61.25

**DOCUMENT # 706386**

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, INC., BROOKSV**

Principal Place of Business

Mailing Address

210 BELL AVE.  
 BROOKSVILLE FL 34601

P.O. BOX 64  
 BROOKSVILLE FL 34606-0064  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6133751**

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

**DYSART, JAMES H.**  
**1277 SABRA DRIVE**  
**BROOKSVILLE FL 34601**

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 *James H. Dysart 3-27-00*

DATE *3/18/00*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**James H. Dysart**

*3/29/00*

**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	DV	<input type="checkbox"/> Delete
NAME	BOWERS, PATRICIA	
STREET ADDRESS	900 N. BROAD ST. #3133	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WOODBURY, MARY E.	
STREET ADDRESS	900 N. BROAD ST.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DYSART, MARY	
STREET ADDRESS	1277 SABRA DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	F	<input checked="" type="checkbox"/> Delete
NAME	LEECH, KATHERINE A	
STREET ADDRESS	1200 W. JEFFERSON ST. #25	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAEGELI, MARILYN N	
STREET ADDRESS	8021 MORIAH AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, Patricia	
STREET ADDRESS	900 N. Broad St. #3133	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCAN, Eleanor I.	
STREET ADDRESS	Old Crystal River Rd.	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYSART, James H.	
STREET ADDRESS	1277 Sabra Drive	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODBURY, Mary T.	
STREET ADDRESS	900 No. Broad St. #2028	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAEGELI, Marilyn N.	
STREET ADDRESS	8021 Moriah Ave.	
CITY-ST-ZIP	Brooksville, FL 34613	
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: **SIGNATURE REQUIRED**

*Eleanor I. Duncan, Chairman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Eleanor I. Duncan**

Daytime Phone #

CR2E037 (9/99)