2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am Secretary of State **DOCUMENT # 706386** 1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, INC., BROOKSV 02-13-2001 90598 018 ****61.25 Principal Place of Business Mailing Address 210 BELL AVE. P.O. BOX 64 **BROOKSVILLE FL 34601** AUU22743 **BROOKSVILLE FL 34605** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6133751 Not Applicable Zip تنجت --Zip - ----Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DYSART, JAMES H. 1277 SABRA DRIVE **BROOKSVILLE FL 34601** Zip Code FL 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition **BOWERS, PATRICIA** NAME NAME STREET ADDRESS 900 N BROAD ST #3133 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BROOKSVILLE FL 34601** TITLE DS Delete TITLE ☐ Addition Change NAME WOODBURY, MARY E. NAME STREET ADDRESS 900: N.: BROAD: ST:___ STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL 34601 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME DYSART, JAMES H NAME STREET ADDRESS 1277 SABRA DRIVE STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP TITLE ΠV Delete TITLE Change ☐ Addition WOODBURY, MARY T NAME NAME STREET ADDRESS 900 NO BROAD ST #2028 STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAEGELI, MARILYN N NAME STREET ADDRESS 8021 MORIAH AVE STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34613** CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Daytime Phone #

TO WHOM IT MAY CONCERN

i HAVE TRIED DESPERATELY_TO-GET-THE CHANGE OF STATUS FORM-AROUND MY AREA AND HAVE HAD NO LUCK.

THE CORRECT NAME IS NOW

CHRISTIAN SIENCE SOCIETY P. O. BOX 64 BROOKSVILLE, FLA. 34605

THANK YOU

MEMBER OF THE BOARD

Mrs. Patricia T. Bowers

3133 Clare Court

Brooksville, Fl. 34601-8323