

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90314 002 ****61.25

DOCUMENT # 706386

1. Entity Name
**CHRISTIAN SCIENCE SOCIETY, INC., BROOKSVILLE, FL
ORIDA**



Principal Place of Business
**210 BELL AVE.
BROOKSVILLE FL 34601**

Mailing Address
**P.O. BOX 64
BROOKSVILLE FL 34605
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6133751** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James H. Dysart*
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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOWERS, PATRICIA | |
| STREET ADDRESS | 900 N BROAD ST #3133 | |
| CITY-ST-ZIP | BROOKSVILLE FL 34601 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DYSART, JAMES H | |
| STREET ADDRESS | 1277 SABRA DRIVE | |
| CITY-ST-ZIP | BROOKSVILLE FL 34601 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | NAEGELI, MARILYN N | |
| STREET ADDRESS | 8021 MORIAH AVE | |
| CITY-ST-ZIP | BROOKSVILLE FL 34613 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALLER, ROBERT | |
| STREET ADDRESS | 9223 TARIETON CIRCLE | |
| CITY-ST-ZIP | WEEKI WACHEE FL 34613 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: *James H. Dysart*

CR2E087 (10/02)