

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90288 001 ****61.25

DOCUMENT # 706773

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, INC. BOYNTON

Principal Place of Business

Mailing Address

2121 S. SEACREST BLVD.
BOYNTON BEACH FL 33435

2121 S. SEACREST BLVD.
BOYNTON BEACH FLA 33435-6786

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

59-1407279

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

(DELETE)

FOX, JOAN E
921 GARDENIA DR
#271
DELRAY BCH FL 33483

Name **Lorna E. Wolf**

Street Address (P.O. Box Number is Not Acceptable)
4675 Franwood Drive

City **Delray Beach** **FL** Zip Code **33445**

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 **Lorna E. Wolf**
Chairman of the Board

Lorna E. Wolf

April 27, 2000

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 **ACDT** Delete
 NAME **BACHMAN, ESTHER**
 STREET ADDRESS **1815 SW CONGRESS BLVD**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** Change Addition
 NAME **BRADLEY, ELEANOR**
 STREET ADDRESS **526 S.W. 18th Street**
 CITY-ST-ZIP **Boynton Beach, FL 33426**

TITLE **CD** Delete
 NAME **FOX, JOAN**
 STREET ADDRESS **921 GARDENIA DRIVE #271**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **ACD** Change Addition
 NAME **COOK, HELEN A.**
 STREET ADDRESS **1215 S.W. 22nd Avenue**
 CITY-ST-ZIP **Boynton Beach, FL 33426**

TITLE **D** Delete
 NAME **SHASEK, AUDREY**
 STREET ADDRESS **10105 40TH TERRACE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **SD** Change Addition
 NAME **KAMMERAAD, RUTH**
 STREET ADDRESS **2102 Lake Osborne Dr., Apt. 11**
 CITY-ST-ZIP **Lake Worth, FL 33461**

TITLE **S** Delete
 NAME **BAUMANN, GLORIA J.**
 STREET ADDRESS **4931-A DOVEWOOD ROAD**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **PITTERS, ROBERT M**
 STREET ADDRESS **2303 CHADWICK CT**
 CITY-ST-ZIP **BOYNTON BEACH FL 33462**

TITLE **TD** Change Addition
 NAME **(Title only)**
 STREET ADDRESS **(Robt. M. Pitters, etc)**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WOLF, LORNA E**
 STREET ADDRESS **4675 FRANWOOD DR**
 CITY-ST-ZIP **DELRAY BCH FL 33445**

TITLE **CD** Change Addition
 NAME **(Title only)**
 STREET ADDRESS **(Lorna E. Wolf, etc)**
 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: *Robert M. Pitters*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Pitters
 Treasurer/
 Director
 Date **4/26/00** Daytime Phone # **561-434-5634**

CR2E037 (9/99)