

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90136 011 ****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 FL 33435

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

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

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.

Joan E. Fox

SIGNATURE Chairman of the Board

Joan E. Fox

April 25, 2001

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	ACDT BACHMAN, ESTHER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1815 SW CONGRESS BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE NAME	CD FOX, JOAN	<input type="checkbox"/> Delete
STREET ADDRESS	921 GARDENIA DRIVE #271	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE NAME	D SHASEK, AUDREY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10105 40TH TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE NAME	S BAUMANN, GLORIA J.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4931-A DOVEWOOD ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE NAME	T PITTERS, ROBERT M	<input type="checkbox"/> Delete
STREET ADDRESS	2303 CHADWICK CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE NAME	D WOLF, LORNA E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4675 FRANWOOD DR	
CITY-ST-ZIP	DELRAY BCH FL 33445	

TITLE NAME	D COOK, EDWARD M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1215 S.W. 22nd Avenue	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE NAME	D LEWIS, NORMA L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2520 N.E. 1st Court	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE NAME	SD KAMMERAAD, RUTH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2102 Lake Osborne Dr. Apt. 11	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE NAME	TD-ACD (Title only)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D WOLF, LORNA E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robert M. Pitters Asst. Chmn/Director
 Robert M. Pitters Treasurer/Director 4-25-01 561-434-5634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)