

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90072 001 ****61.25

DOCUMENT # 706773

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, INC. BOYNTON BEACH, FLORIDA

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1407279

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 **LORNA E. WOLF**
 Street Address (P.O. Box Number is Not Acceptable)
4675 FRANWOOD DR.
 City **DELRAY BEACH, FL** Zip Code **FL 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 Wolf DATE **April 22, 2002**

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	D	<input type="checkbox"/> Delete
NAME	COOK, EDWARD M	
STREET ADDRESS	1215 SW 22ND AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	FOX, JOAN	
STREET ADDRESS	921 GARDENIA DRIVE #271	
CITY-ST-ZIP	DEL RAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, NORMA L	
STREET ADDRESS	2520 NE 1ST COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAMMERAAD, RUTH	
STREET ADDRESS	2102 LAKE OSBORNE DR APT 11	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	TDAC	<input checked="" type="checkbox"/> Delete
NAME	PITTERS, ROBERT M	
STREET ADDRESS	2303 CHADWICK CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAROLYN A. HIENDLER		
STREET ADDRESS	11173 KAPALUA WAY		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LORNA E. WOLF		
STREET ADDRESS	4675 FRANWOOD DR.		
CITY-ST-ZIP	DELRAY BEACH, FL - 33445		
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: *Carolyn A. Hiendler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 731-3299
 Date Daytime Phone #

CP2E037 (9/01)