

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90202 020 \*\*\*\*61.25

0398911

DOCUMENT # **706773**



1. Entity Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, INC. BOYNTON  
BEACH, FLORIDA**

Principal Place of Business  
**2121 S. SEACREST BLVD.  
BOYNTON BEACH FL 33435**

Mailing Address  
**2121 S. SEACREST BLVD.  
BOYNTON BEACH FL 33435**



CHECK HERE IF MAKING CHANGES

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

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

City & State  
City & State

4. FEI Number **59-1407279** Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**WOLF, LORNA E  
4675 FRANWOOD DR  
DELRAY BEACH FL 33445**

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 *Lorna E. Wolf* *April 21, 2003*  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOK, EDWARD M</b> <b>1215 SW 22ND AVE</b> <b>BOYNTON BEACH FL 33426</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ROBERT M PITTERS</b> <b>2303 CHADWICK CT.</b> <b>BOYNTON BEACH, FL 33436</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENDLER, CAROLYN A</b> <b>11173 KAPALUA WAY</b> <b>BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, NORMA L</b> <b>2520 NE 1ST COURT</b> <b>BOYNTON BEACH FL 33435</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SYLVIA BORRADAILE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>330 N. E. 26th AVE # 716</b> <b>BOYNTON BEACH, FL, 33435</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KAMMERAAD, RUTH</b> <b>2102 LAKE OSBORNE DR APT 11</b> <b>LAKE WORTH FL 33461</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NED SMITH</b> <b>345-C MAIN BLVD., #1C</b> <b>BOYNTON BEACH, FL 33435</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>WOLF, LORNA E</b> <b>4675 FRANWOOD DR</b> <b>DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *LORNA E WOLF* **SIGNATURE REQUIRED** *April 21, 2003 (561) 732-5610*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)