

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90031 040 ****61.25

DOCUMENT # 709057

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, SEBRING, FLOR

Principal Place of Business

**CHRISTIAN SCIENCE SOCIETY
146 NO FRANKLIN ST
SEBRING FL 33870**

Mailing Address

**146 NO FRANKLIN ST
SEBRING FL 33870
US**

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

59-1094835

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

**LIVINGSTON, JAMES
445 SOUTH COMMERCE
SEBRING FL 33870**

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.

SIGNATURE no change

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 **CD**
STREET ADDRESS **WELCH, VIRGINIA**
CITY-ST-ZIP **11 RICHARDS DR
LAKE PLACID FL** ☐ Delete

TITLE
NAME **CD** ☒ Change ☐ Addition
STREET ADDRESS **MARJORIE HEDENBERG**
CITY-ST-ZIP **4301 LAKE VISTA DR.
SEBRING, FL**

TITLE
NAME **V** ☐ Delete
STREET ADDRESS **METZGER, RALPH M**
CITY-ST-ZIP **9124 MARKLAND AVE
SEBRING FL 33872-5905**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** ☒ Delete
STREET ADDRESS **KEYES, LORI**
CITY-ST-ZIP **4918 GRANADA BLVD
SEBRING FL 33872-2324**

TITLE
NAME **D** ☒ Change ☐ Addition
STREET ADDRESS **VIRGINIA WELCH**
CITY-ST-ZIP **11 RICHARDS DR
LAKE PLACID, FL**

TITLE
NAME **D** ☐ Delete
STREET ADDRESS **MOSES, FLORENCE**
CITY-ST-ZIP **928 LAKE DAMON DR
AVON PARK FL 33825**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** ☒ Delete
STREET ADDRESS **HEDENBERG, MAJORIE**
CITY-ST-ZIP **4301 LKE VISTA DR
SEBRING FL**

TITLE
NAME **D** ☒ Change ☐ Addition
STREET ADDRESS **MERRIE METZGER**
CITY-ST-ZIP **9124 MARKLAND Lnw
SEBRING, FL** & Clerk

TITLE
NAME **T** ☐ Delete
STREET ADDRESS **COONLEY, DOROTHY V**
CITY-ST-ZIP **6750 US 27 NORTH, A-1
SEBRING FL**

TITLE
NAME ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED **MERRIE METZGER** 1/18/01 863-471-6671

CR2E037 (10/00)