

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90034 041 ****61.25

DOCUMENT # 709095

1. Entity Name
FIRST CHURCH OF CHRIST, SCIENTIST, LAUDERDALE BY

Principal Place of Business Mailing Address
251 COMMERCIAL BLVD **251 COMMERCIAL BLVD**
LAUDERDALE-BY-THE-SEA FL 33308 **LAUDERDALE-BY-THE-SEA FL 33308-4442**



DO NOT WRITE IN THIS SPACE

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 **59-2439260** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, BARBARA
3300 NE 36 ST
#1002
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **FERN TUTING**
 Street Address (P.O. Box Number is Not Acceptable)
1410 NW 42 ST
 City **FT LAUDERDALE FL** Zip Code **33309**

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 *Fern Tuting* *Fern Tuting* *4/13/2000*
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WESTERBERG, BETTY	
STREET ADDRESS	4914 NE 2 TERRACE	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	RYAN, BARBARA	
STREET ADDRESS	3300 NE 36 STREET #1002	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MACHADO, VALARIE	
STREET ADDRESS	5635 SW 42ND ST	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIRES, DOROTHY	
STREET ADDRESS	5308 NW 49 WAY	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIRTH, CATHY	
STREET ADDRESS	267 ALGIERS AVENUE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHUPE, MARILYN	
STREET ADDRESS	254 OCEANIC AVE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTERBERG, BETTY	
STREET ADDRESS	4914 NE 2 TERRACE	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, BARBARA	
STREET ADDRESS	3300 NE 36 ST #1002	
CITY-ST-ZIP	FT. LAUD, FL 33308	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUTING, FERN	
STREET ADDRESS	1410 NW 42 ST	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RAY ROYALE	
STREET ADDRESS	3200 PORT ROYALE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FLA 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, FRANK	
STREET ADDRESS	4301 NE 17th Ave.	
CITY-ST-ZIP	OAKLAND PK, FLA 33334	

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: *Fern Tuting* **REQUIRE FERN TUTING** *4/13/2000* *(954) 491-6590*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)