

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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90182 019 \*\*\*\*61.25

**DOCUMENT # 709095**



1. Entity Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, LAUDERDALE BY  
THE SEA, FLORIDA, INC.**

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

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number **59-2439260**      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**  
**TUTING, FERN**  
**1410 NW 42 ST**  
**FORT LAUDERDALE FL 33309**

**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 *Fern Tuting*      DATE *April 16, 2003*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing      **\$5.00 May Be**  
Trust Fund Contribution.            **Added to Fees**      **Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KNESS, ELEANORE</b>	
STREET ADDRESS	<b>380 SE 59TH AVENUE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>RYAN, BARBARA</b>	
STREET ADDRESS	<b>3300 NE 36 STREET #1002</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>TUTING, FERN</b>	
STREET ADDRESS	<b>1410 NW 42 ST</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>WIRTH, CATHY</b>	
STREET ADDRESS	<b>267 ALGIERS AVENUE</b>	
CITY-ST-ZIP	<b>LAUDERDALE BY THE SEA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLEIN, FRANK</b>	
STREET ADDRESS	<b>4301 NE 17TH AVE</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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: *Fern Tuting*      **APPROVED**      DATE *April 16, 2003*

CR2E037 (10/02)



CHECK HERE IF MAKING CHANGES