2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # 709474 1. Entity Name SECOND CHURCH OF CHRIST, SCIENTIST, HOLLYWOOD, F 03-20-2000 90088 030 ****61.25 Principal Place of Business Mailing Address 5726 WASHINGTON ST 5726 WASHINGTON ST HOLLYWOOD FL 33023 HOLLYWOOD FL 33023-1480 626721 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1367786 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jane Kain Street Address (P.O. Box Number is Not Acceptable) LOCHEN, MARJORIE V **5030 BUCHANAN ST** 33023 HOLLYWOOD FL 33021 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. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DC TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME NICK, JUNE A STREET ADDRESS 430 COMMODORE DR. APT 311 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME MOORE, SARAH STREET ADDRESS STREET ADDRESS 7770 MERIDIAN ST CITY-ST-ZIE CITY-ST-ZIP MIRAMAR FL ☐ Change Addition ☐ Delete TITLE TITLE LE CORNU, YVONNE NAME STREET ADDRESS STREET ADDRESS 8653 SHERATON DR CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL A Change Addition TITI F Delete TITLE Siegel ASOWITCH, BARBARA NAME STREET ADDRESS STREET ADDRESS 10244 S.W. 12TH ST CITY-ST-ZIP 33027 CITY-ST-ZIE PEMBROKE PINES FL TITLE X Delete TITLE NAME NAME LOCHEN, MARJORIE STREET ADDRESS STREET ADDRESS 5030 BUCHANAN ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE 1 Change TITLE Delete NAME NAME LOCHEN, MARJORIE

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

5030 BUCHANAN STREET

HOLLYWOOD FL 33021

STREET ADDRESS

CITY-ST-ZIP

Mary NU and Kachill RMW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kain

954 961 4502

330 Z3

Treasyrar