

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90217 021 ****61.25

DOCUMENT # 710485

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, INC., NORTH P

Principal Place of Business

101 CASTLEWOOD ST.
 N. PALM BEACH FL 33408

Mailing Address

101 CASTLEWOOD ST.
 N. PALM BEACH FL 33408-5601

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1204730

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FOLEY, CLARIE
11801 MYRTLE OAK CT
A-2
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Fanchon H. Stewart

Street Address (P.O. Box Number is Not Acceptable)

1172 Surf Road #A-2

City

Singer Island

FL

Zip Code

33404

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

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 type="checkbox"/> Delete
NAME	MILLER, BRUCE	
STREET ADDRESS	132 LAKE SHORE DR, APT. 218	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D C	<input type="checkbox"/> Delete
NAME	HACKER, VIRGIE	
STREET ADDRESS	11886 HEMLOCK ST	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, JOHN	
STREET ADDRESS	132 LAKESHORE DR	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORMINEY, JACQUELINE	
STREET ADDRESS	3238 CAPRI RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WADE, LOUISE	
STREET ADDRESS	52 YACHT CLUB DR	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, JUDITH	
STREET ADDRESS	304 CYPRESS DR.	
CITY-ST-ZIP	LAKE PARK, FL	

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	
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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

531-844-4676

Date

Daytime Phone #

CR2E037 (9/99)