

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90274 008 ****61.25

DOCUMENT # 710485

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, INC., NORTH P
 ALM BEACH, FLORIDA**

Principal Place of Business	Mailing Address
101 CASTLEWOOD ST. N. PALM BEACH FL 33408	101 CASTLEWOOD ST. N. PALM BEACH FL 33408

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	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

7. Name and Address of New Registered Agent

**STEWART, FANCHON H
 1172 SURF ROAD A-2
 WEST PALM BEACH FL 33-404Y**

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 _____ DATE _____
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 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	DC	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MILLER, BRUCE			NAME	GRAHAM, KATHRYN		
STREET ADDRESS	132 LAKE SHORE DR, APT. 218			STREET ADDRESS	10169 SEAGRAPE WAY		
CITY-ST-ZIP	NORTH PALM BEACH FL			CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
TITLE	D C	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HACKER, VIRGIE			NAME	MILLER, MARILYN		
STREET ADDRESS	11888 HEMLOCK ST			STREET ADDRESS	132 LAKESHORE DRIVE, #A-218		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FORD, JOHN			NAME	SIMPSON, CAROLE		
STREET ADDRESS	132 LAKESHORE DR			STREET ADDRESS	2438 TREASURE ISLE DRIVE		
CITY-ST-ZIP	NORTH PALM BEACH FL			CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DORMINEY, JACQUELINE			NAME	STEWART, FANCHON		
STREET ADDRESS	3238 CAPRI RD			STREET ADDRESS	1172 SURF ROAD, #A-2		
CITY-ST-ZIP	PALM BEACH GARDENS FL			CITY-ST-ZIP	SINGER ISLAND, FL 33404		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WADE, LOUISE			NAME			
STREET ADDRESS	52 YACHT CLUB DR			STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORDON, JUDITH			NAME			
STREET ADDRESS	304 CYPRESS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL 33403			CITY-ST-ZIP			

CR2E037 (9/01)

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: *Janchon Stewart* **FANCHON STEWART** **4/13/02** **561-844-6250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #