


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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90125 045 ****61.25

DOCUMENT # 710485

1. Entity Name
FIRST CHURCH OF CHRIST, SCIENTIST, INC., NORTH PALM 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

4. FEI Number **59-1204730** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES


6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: ~~Drew Harbor, Drew A~~
 Street Address (P.O. Box Number is Not Acceptable):
128 Ashley Court
 City: **Jupiter** FL Zip Code: **33458**

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:  DATE: **1-22-03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, KATHRYN	
STREET ADDRESS	10169 SEAGRAPE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, MARILYN	
STREET ADDRESS	132 LAKESHORE DRIVE, #A-218	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, CAROLE	
STREET ADDRESS	2438 TREASURE ISLE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, FANCHON	
STREET ADDRESS	1172 SURF ROAD, #A-2	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, JUDITH	
STREET ADDRESS	304 CYPRESS DRIVE	
CITY-ST-ZIP	LAKE PARK FL 33403	
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	D Kinnaird, Owen Buck	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	342 Southwind Drive	
CITY-ST-ZIP	North Palm Beach FL, 33408	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harbur, Drew	
STREET ADDRESS	128 Ashley Court	
CITY-ST-ZIP	Jupiter FL, 33458	
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:  **REQUIRED** 1-22-03 (561) 626-9371

CR2E037 (10/02)