

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 16, 2000 8:00 am
Secretary of State

04-13-2000 90043 027 ****61.25

DOCUMENT # 710603
 1. Entity Name
FIRST CHURCH OF CHRIST, SCIENTIST OF PALATKA, IN

Principal Place of Business 1209 CARR ST PALATKA FL 32177	Mailing Address 1209 CARR ST PALATKA FL 32177-4513
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2. Principal Place of Business 1209 CARR ST. Suite, Apt. #, etc. PALATKA FL	3. Mailing Address SAME Suite, Apt. #, etc.
City & State 32177	City & State

Zip 32177	Country DUTNAM	Zip	Country
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4. FEI Number **59-2433209**

Applied For	Not Applicable
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
STOUTENBURGH, NANCY A
140 W. ST. JOHNS TERRACE
EAST PALATKA FL 32131

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.

SIGNATURE Nancy A Stoutenburgh
NANCY A STOUTENBURGH, TREASURER

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete HUTCHERSON, LAWRENCE, DIRECTOR 421 20TH PL PALATKA FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUTCHERSON, LAWRENCE J 421 20TH PL PALATKA FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PAINTER, EDNA M MRS. 211 PARK AVE CRESCENT CITY FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COOK, MARGARET MRS 105 INDIANA AVE CRESCENT CITY FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BURGOS, MARGARET MRS 417 N THIRD ST PALATKA FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HUTCHERSON, LAWRENCE, SR. DIRECTOR 1016 ST. JOHNS AVE. PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HUTCHERSON, LAWRENCE, JR. DIRECTOR 4401 ROYAL ST. PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER & CLERK <input type="checkbox"/> Change <input type="checkbox"/> Addition MRS. EDNA M. PAINTER 211 PARK AVE. HC 2 Box 310A CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER & TREAS. <input type="checkbox"/> Change <input type="checkbox"/> Addition MRS. NANCY STOUTENBURGH, DIRECTOR 140 W. ST. JOHNS TERRACE EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MRS. REBECCA HUTCHERSON 4401 ROYAL ST. PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nancy A Stoutenburgh
NANCY A STOUTENBURGH, TREASURER

Date: April 10, 2000 Daytime Phone #: 328-552904

CR2E037 (9/99)