

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

007494

DOCUMENT # 711029

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, HOLMES BEACH,

02-01-2001 90091 007 ****61.25

Principal Place of Business

Mailing Address

6300 MARINA DRIVE BOX 1157
 HOLMES BEACH FL 34218

6300 MARINA DRIVE BOX 1157
 HOLMES BEACH FL 34218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1226175

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WRIGHT, BARBARA
508 69TH ST N.
HOLMES BEACH FL 34217

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** Delete
 NAME **WRIGHT, BARBARA**
 STREET ADDRESS **508 69TH ST N.**
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **BDS** Delete
 NAME **ELLIOTT, LUCILLE**
 STREET ADDRESS **617 BARON ET**
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **BDV** Change Addition
 NAME **ELLIOTT LUCILLE**
 STREET ADDRESS **617 BARONET**
 CITY-ST-ZIP **HOLMES BEACH, FL 34217**

TITLE **BDC** Delete
 NAME **REED, CHARLES**
 STREET ADDRESS **614 GLADSTONE LANE**
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **BD/C** Change Addition
 NAME **WALKER JACQUELINE**
 STREET ADDRESS **837 AUDUBON**
 CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **BD** Delete
 NAME **EBERT, DOROTHY**
 STREET ADDRESS **749 SPANISH DR N**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **BDTV** Delete
 NAME **MUNCY, JEAN E.**
 STREET ADDRESS **3618 57TH AVE DR W**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **130/T** Change Addition
 NAME **MUNCY JEAN**
 STREET ADDRESS **3618 57TH AV DRW**
 CITY-ST-ZIP **BRADENTON, FL 34210**

TITLE **BD** Delete
 NAME **ROBERTS, SALLY P.**
 STREET ADDRESS **202 75TH ST**
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **BD/S** Change Addition
 NAME **GLADYS, MARTINEAU**
 STREET ADDRESS **415 BAY PALMS DR**
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01
 Date

Daytime Phone #

CR2E037 (10/00)