

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90121 033 ****61.25

DOCUMENT # 711029

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, HOLMES BEACH,
FLORIDA, INC.**



Principal Place of Business

**6300 MARINA DRIVE BOX 1157
HOLMES BEACH FL 34218**

Mailing Address

**P.O BOX 1157
HOLMES BEACH FL 34218**

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 **59-1226175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **BDS** ☐ Delete
NAME **GLADYS, MARTINEAU**
STREET ADDRESS **415 BAY PALMS DRIVE**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BDC** ☐ Change ☒ Addition
NAME **MARY ANDERSON**
STREET ADDRESS **1351 PERICO POINTE CIRCLE**
CITY-ST-ZIP **BRADENTON, FL. 34209**

TITLE **BD** ☐ Change ☒ Addition
NAME **SALLY ROBERTS**
STREET ADDRESS **202 75TH STREET**
CITY-ST-ZIP **HOLMES BEACH, FL. 34217**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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:

ORIGINAL SIGNATURE OF TREASURER

JAN 27, 2003 (941) 778 3613

CR2E037 (10/02)