

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90020 004 ****61.25

DOCUMENT # 712050

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST OF FORT MYERS,

Principal Place of Business

**2390 WEST FIRST STREET
 FORT MYERS FL 33901**

Mailing Address

**2390 WEST FIRST STREET
 FORT MYERS FL 33901**

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

59-6136684

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CROUSE, MARJORIE J.
 1318 SHELBY PARKWAY
 CAPE CORAL FL 33904**

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 _____

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 NAME	D BROWN, ELOISE C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3621 SCHEFLERA DR	
CITY-ST-ZIP	NO FT MYERS FL 33917	
TITLE NAME	DP BROWN, LORRAINE G	<input type="checkbox"/> Delete
STREET ADDRESS	1929 SE 7TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE NAME	DV WEST, JOHN P	<input type="checkbox"/> Delete
STREET ADDRESS	4585 S. LANDINGS DR.	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE NAME	D DUBANE, EILEEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1499 BRANDYWINE CIR #305	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE NAME	HALL, DAVID C	<input type="checkbox"/> Delete
STREET ADDRESS	1240 LOGAN LN	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	>D Delaine Matherly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4980 Docksider Drive #104	
CITY-ST-ZIP	Ft Myers, FL 33919	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Willa King	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5650 Lochness Court	
CITY-ST-ZIP	North Fort Myers, FL 33997	
TITLE NAME	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Wendy Harrington	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	15769 Canella Drive	
CITY-ST-ZIP	FT MYERS, FL 33908	

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 REQUIRED

1/16/01 941-939-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)