

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90003 039 ****61.25

DOCUMENT # 712050

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST OF FORT MYERS,
 FLORIDA**

Principal Place of Business

Mailing Address

2390 WEST FIRST STREET
 FORT MYERS FL 33901

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

7. Name and Address of New Registered Agent

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

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 Delete
 NAME **D. MATHERLY, DELAINE**
 STREET ADDRESS **4980 DOCKSIDE DR. #104**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP BROWN, LORRAINE G**
 STREET ADDRESS **1929 SE 7TH ST**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE Change Addition
 NAME **D. Sean Kakatsch**
 STREET ADDRESS **1364 Shadow Lane**
 CITY-ST-ZIP **Ft Myers, FL 33901**

TITLE Delete
 NAME **DV WEST, JOHN P**
 STREET ADDRESS **4585 S. LANDINGS DR.**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE Change Addition
 NAME **D. James Bell**
 STREET ADDRESS **6209 St Andrews Circle**
 CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE Delete
 NAME **D KING, WILLA**
 STREET ADDRESS **5650 LOCHNESS COURT**
 CITY-ST-ZIP **NORTH FORT MYERS FL 33997**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DF HALL, DAVID C**
 STREET ADDRESS **1240 LOGAN LN**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE Change Addition
 NAME **T**
 STREET ADDRESS **1900 Virginia Ave**
 CITY-ST-ZIP **33901**

TITLE Delete
 NAME **D HARRINGTON, WENDY**
 STREET ADDRESS **15769 CARELLA DR.**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE Change Addition
 NAME **D. Truman Brown**
 STREET ADDRESS **1234 Medina Drive**
 CITY-ST-ZIP **Fort Myers, FL 33919**

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/02 941-939-4100

CR2E037 (9/01)