

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90069 028 ****61.25

DOCUMENT # 712574 ✓

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, SANIBEL-CAPTI

Principal Place of Business

Mailing Address

2950 WEST GULF DRIVE
 SANIBEL FL 33957

2950 WEST GULF DRIVE
 SANIBEL FL 33957-5729

2. Principal Place of Business

3. Mailing Address

2950 West Gulf Drive
 Suite, Apt. #, etc.

2950 West Gulf Drive
 Suite, Apt. #, etc.

City & State

City & State

Sanibel, Fl. 33957

Sanibel, Fl. 33957

4. FEI Number

05-0816521
 23-7453561

Applied For

Not Applicable

Zip
 33957

Country
 USA

Zip
 33857

Country
 USA

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

BURDEN, ANNE
 2915 WEST GULF DRIVE
 APT 301 A
 SANIBEL FL 33957

Name

Eugene Ruckstaetter

Street Address (P.O. Box Number is Not Acceptable)

12569 Coconut Creek Court

City

Fort Myers,

FL

Zip Code
 33908

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

Eugene Ruckstaetter
Eugene Ruckstaetter

January 19, 2000

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 | D | <input type="checkbox"/> Delete |
| NAME | BOYER, JULIA | |
| STREET ADDRESS | 12941 KELLY BAY CT | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | BURDEN, ANN | |
| STREET ADDRESS | 2915 W GULF DRIVE | |
| CITY-ST-ZIP | SANIBEL FL 33957 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | STATEN, CATHERINE | |
| STREET ADDRESS | 1162 PAPER FIG COURT | |
| CITY-ST-ZIP | SANIBEL FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HASHAGEN, JUNE | |
| STREET ADDRESS | 1971 ROSEATE LANE | |
| CITY-ST-ZIP | SANIBEL FL 33957 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRADY, DOROTHY | |
| STREET ADDRESS | 641 PERIWINKLE WAY | |
| CITY-ST-ZIP | SANIBEL FL 33957 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAYMAN, ALATHENA | |
| STREET ADDRESS | 1359 MIDDLE GULF DR | |
| CITY-ST-ZIP | SANIBEL FL 33957 | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | CD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Eugene Ruckstaetter | |
| STREET ADDRESS | 12569 Coconut Creek Court | |
| CITY-ST-ZIP | Ft. Myers, Fl. 33908 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Anne Burden | |
| STREET ADDRESS | 2915 West Gulf Drive | |
| CITY-ST-ZIP | Sanibel, Fl. 33957 | |
| TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Catherine Staten | |
| STREET ADDRESS | 1162 Paper Fig Court | |
| CITY-ST-ZIP | Sanibel, Fl. 33957 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | June Hashagen | |
| STREET ADDRESS | 1971 Roseate Lane | |
| CITY-ST-ZIP | Sanibel, Fl. 33957 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dorothy Brady | |
| STREET ADDRESS | 641 Periwinkle Way- Captains Walk | |
| CITY-ST-ZIP | Sanibel, Fl. 33957 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Alathena Layman | |
| STREET ADDRESS | 1359 Middle Gulf Drive B 2 | |
| CITY-ST-ZIP | Sanibel, Fl. 33957 | |

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:

Eugene A. Ruckstaetter, Chairman
Julia Boyer, Treasurer
SIG. JULIA BOYER, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/20/00 1 Del Reg No. 434303

CF2E037 (9/99)