

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90168 044 ****61.25

0052190

DOCUMENT # 712574

1. Entity Name
**FIRST CHURCH OF CHRIST, SCIENTIST, SANIBEL-CAPTI
VA, FLORIDA, INC.**



Principal Place of Business
**2950 WEST GULF DRIVE
SANIBEL FL 33957**

Mailing Address
**2950 WEST GULF DRIVE
SANIBEL FL 33957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0816521**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EDWARD, SCIBER~~ **SIEBER, EDWARD**
**1965 ROSETE LANE
SANIBEL FL 33957**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	RUCKSTAETTER, EUGENE	
STREET ADDRESS	12569 COCONUT CREEK CT	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEBER, EDWARD	
STREET ADDRESS	1965 ROSEATE LANE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUCKERSTEEKER, JUNE	
STREET ADDRESS	12569 CHESNUT CREEKS CT	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARGE, GIBBS	
STREET ADDRESS	1695 ROSEATE LANE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITNEY, CLOTILDE	
STREET ADDRESS	500 SEA WALK COURT	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURDEN ANNE	
STREET ADDRESS	P.O. Box 1131	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCKSTAETTER, JUNE	
STREET ADDRESS	12569 COCONUT CREEK CT.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, MARGORIE	
STREET ADDRESS	9101 SOUTH MONT COVE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIEBER EDWARD**

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3-12-03 395-9078

CR2E037 (10/02)