

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90080 039 \*\*\*\*61.25

**DOCUMENT # 713721**

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, ORMOND BEACH,**

Principal Place of Business

Mailing Address

**100 NORTH HALIFAX DRIVE  
 ORMOND BEACH FL 32176**

**100 NORTH HALIFAX DRIVE  
 ORMOND BEACH FL 32176-5716**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2480009**

Applied For

Not Applicable

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

**ANDERSON, ROYAL A.  
 21 MAGNOLIA DRIVE NORTH  
 ORMOND BEACH FL 32174**

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 **C**  Delete  
 NAME **ORSER, FLORENCE**  
 STREET ADDRESS **163 PINE CONE TRAIL**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **CHAIRPERSON**  Change  Addition  
 NAME **CONGDON, ELIZABETH**  
 STREET ADDRESS **60 MAYFIELD TERRACE**  
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D**  Delete  
 NAME **PUNNETT, YVONNE**  
 STREET ADDRESS **115 COQUINA AVE**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ROMAIN MARILYN**  
 STREET ADDRESS **72 CAROL ROAD**  
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **DIRECTOR**  Change  Addition  
 NAME **LEWIS, JERN**  
 STREET ADDRESS **89 SO. ATLANTIC AVE #1504**  
 CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **D**  Delete  
 NAME **SMITH-COLLINS, DIANE G**  
 STREET ADDRESS **16 RIVERSHORE DR**  
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **ANDERSON, ROYAL A.**  
 STREET ADDRESS **21 MAGNOLIA DRIVE NORTH**  
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **TREASURER**  Change  Addition  
 NAME **ANDERSON, ROYAL A**  
 STREET ADDRESS **21 MAGNOLIA DRIVE NORTH**  
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DIRECTOR**  Change  Addition  
 NAME **JOHNSON, SUSAN**  
 STREET ADDRESS **26 KATHEN TRAIL**  
 CITY-ST-ZIP **PALM COAST, FL 32164**

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: Royal A Anderson **ROYAL A ANDERSON**, APRIL 16, 2000 904 4370507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)