

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90066 036 ****61.25

DOCUMENT # 713721

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, ORMOND BEACH,
 FLORIDA, INC.**

Principal Place of Business

Mailing Address

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

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

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

59-2480009

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

**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

Royal A. Anderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/03/2002

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	CONGDON, ELIZABETH	
STREET ADDRESS	60 MAYFIELD TERRACE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	C	<input type="checkbox"/> Delete
NAME	DASSANCE, TAMMY	
STREET ADDRESS	3 SEA DUNES TERRACE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, JEAN	
STREET ADDRESS	89 S ATLANTIC AVE #1504	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MACY	
STREET ADDRESS	3 KATRINS DRIVE	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, ROYAL A.	
STREET ADDRESS	21 MAGNOLIA DRIVE NORTH	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SUSAN	
STREET ADDRESS	28 KATHEEN TRAIL	
CITY-ST-ZIP	PALM COAST FL 32164	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 *Royal A. Anderson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 11 3, 2002

18386-437 0567
 Daytime Phone #

CR2E037 (9/01)