

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


FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90080 014 ****61.25

0022403

DOCUMENT # 713721

1. Entity Name
FIRST CHURCH OF CHRIST, SCIENTIST, ORMOND BEACH, FLORIDA, INC.



Principal Place of Business
**100 NORTH HALIFAX DRIVE
ORMOND BEACH FL 32176**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1108 Killarney Dr.
City
FL Zip Code
32172

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 Royal A. Anderson **TREASURER** **MAY 18, 2003**
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 NAME STREET ADDRESS CITY-ST-ZIP	D CONGDON, ELIZABETH 60 MAYFIELD TERRACE ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Gloria B. Sward 3 Sea Dunes Terr. Ormond Beach FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DASSANCE, TAMMY 3 SEA DUNES TERRACE ORMOND BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marian Escoffier 15 Rainbow Falls Dr. Ormond Beach FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JEAN 89 S ATLANTIC AVE #1504 ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY Billings 237 Ormwood Dr. Ormond Beach FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MACY 3 KATRINS DRIVE ORMOND BCH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, ROYAL A. 21 MAGNOLIA DRIVE NORTH ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Royal Anderson 1108 Killarney Dr. Ormond Beach FL 32172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SUSAN 26 KATHEEN TRAIL PALM COAST FL 32184 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gloria B. Sward **5/12/03** **386-465-1371**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)

Attachment

90136937
#713721

**FIRST CHURCH OF CHRIST, SCIENTIST
100 NORTH HALIFAX DRIVE
ORMOND BEACH, FL 32176**

MAY 12, 2003

TO WHOM IT MAY CONCERN:

OUR CORPORATION RENEWAL FORM WAS NOT MAILED BY THE MAY 1, 2003 DEADLINE, DUE TO UNFORESEEN CIRCUMSTANCES.

WE ARE REQUESTING **EXEMPTION FROM DISSOLUTION** AS A CORPORATION DUE TO THE LATENESS OF THE RETURN.

OUR MEMBERSHIP MET ON APRIL 30, 2003 TO DECIDE WHETHER OR NOT TO RETAIN THE PRESENT NAME OF OUR CHURCH. AT THE MEMBERSHIP MEETING, IT WAS DECIDED TO FUNCTION AS A CHRISTIAN SCIENCE SOCIETY (STILL A CHURCH), BUT TO RETAIN THE PRESENT NAME. THEREFORE, OUR INFORMATION WAS NOT AVAILABLE AS NEW OFFICERS WERE ALSO ELECTED AT THE MEETING UNFORTUNATELY, WE WERE NOT ABLE TO MEET AS A COMPLETE BODY UNTIL THAT DATE.

WE THANK YOU FOR YOUR COOPERATION IN THIS MATTER. ENCLOSED IS OUR CHECK FOR \$61.25.

SINCERELY,

BOARD OF DIRECTORS



GLORIA B. SWARD
CHAIRMAN