

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2000 90094 048 ****61.25

DOCUMENT # 713953

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, PORT CHARLOTT

Principal Place of Business

Mailing Address

**21090 ILIADE AVE.
 PORT CHARLOTTE FL 33952**

**21090 ILIADE AVE.
 PORT CHARLOTTE FL 33952-1423**

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 **59-6142117**

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

**OAKS, DAVID K.
 252 W. MARION AVENUE
 PUNTA GORDA FL 33950**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	OBERLIN, LYNNETTE	
STREET ADDRESS	22355 HERNANDO AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33962	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHARFF, MARY	
STREET ADDRESS	1505 KIRKWOOD ST	
CITY-ST-ZIP	NORTH PORT FL -	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DONEY, JOHN	
STREET ADDRESS	127 CRESCENT DR	
CITY-ST-ZIP	PUNTA GORDA FL 33950-	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AHREND, DONALD -	
STREET ADDRESS	1000 KINGS HWY #201-	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, MARILYN -	
STREET ADDRESS	2432 ST DAVIDS ISLAND CT -	
CITY-ST-ZIP	PUNTA GORDA FL 33950-8183 -	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILKIN, PATRICIA-	
STREET ADDRESS	684 OCEAN CT -	
CITY-ST-ZIP	NORTH PORT FL 34287-2601 - -	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBERLIN, LYNNETTE	
STREET ADDRESS	22355 HERNANDO AVE.PT.CHARLOTTE, FL	
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM F. MORGAN	
STREET ADDRESS	2432 ST. DAVIDS ISLAND CT.	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH FLEENER	
STREET ADDRESS	1554 KENMORE ST.	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIVIENNE MASON	
STREET ADDRESS	1000 KINGS HWY. #153	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33980	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT DREW	
STREET ADDRESS	1129 MUSCOVIE CT.	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICE D. COLEMAN	
STREET ADDRESS	2248 STARLITE LN.	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33952	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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. **TREASURER**

SIGNATURE: Marilyn Morgan MARILYN MORGAN 4/20/00 (941)639-5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)