

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

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 D ☐ Delete
NAME OBERLIN, LYNNETTE
STREET ADDRESS 22355 HERNANDO AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33962

TITLE S ☒ Change ☐ Addition
NAME OBERLIN, LYNNETTE
STREET ADDRESS 22355 HERNANDO AVE.
CITY-ST-ZIP PT. CHARLOTTE, FL

TITLE S ☒ Delete
NAME SCHARFF, MARY
STREET ADDRESS 1505 KIRKWOOD ST
CITY-ST-ZIP NORTH PORT FL

TITLE P ☐ Change ☒ Addition
NAME WILLIAM F. MORGAN
STREET ADDRESS 2432 ST. DAVIDS ISLAND CT.
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE P ☒ Delete
NAME DONEY, JOHN
STREET ADDRESS 127 CRESCENT DR
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D ☐ Change ☒ Addition
NAME ELIZABETH FLEENER
STREET ADDRESS 1554 KENMORE ST.
CITY-ST-ZIP PT. CHARLOTTE, FL 33952

TITLE D ☒ Delete
NAME AHREND, DONALD
STREET ADDRESS 1000 KINGS HWY #201
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE D ☐ Change ☒ Addition
NAME VIVienne MASON
STREET ADDRESS 1000 KINGS HWY. #153
CITY-ST-ZIP PT. CHARLOTTE, FL 33980

TITLE D ☒ Delete
NAME MORGAN, MARILYN
STREET ADDRESS 2432 ST DAVIDS ISLAND CT
CITY-ST-ZIP PUNTA GORDA FL 33950-8183

TITLE D ☐ Change ☒ Addition
NAME ROBERT DREW
STREET ADDRESS 1129 MUSCOVIE CT.
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D ☒ Delete
NAME WILKIN, PATRICIA
STREET ADDRESS 6841 OCEAN CT
CITY-ST-ZIP NORTH PORT FL 34287-2601

TITLE D ☐ Change ☒ 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)(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.

TREASURER

SIGNATURE: MARILYN MORGAN 4/20/00 (941)639-5920

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)