FILED

Jul 12, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713953 1. Entity Name

FIRST C	Church of Christ, Sciei	ntist, port charlot	Τ /	(/) 07.	-12-2001 90120 013 ****6	1.23	
Principal Plac	e of Business	Mailing Address					
21090 ILIADE AVE. PORT CHARLOTTE FL 33952		21090 ILIADE AVE. PORT CHARLOTTE FL 33952		, i	60073180		
V					## #### ##### ########################		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59	4. FEI Number 59-6142117 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Stat	us Desired ,	Additional	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Addre	ess of New Registered Agent		
			Name				
OAKS, DAVID K.			Street A	Street Address (P.O. Box Number is Not Acceptable)			
252 W. M	IARION AVENUE						
PUNTA G	GORDA FL 33950		City		FL Zip C	ode	
9 The above	e named entity submits this statement	for the purpose of changing its	registered office or	registered agent, or both, in th			
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	E: Registered Agent signat	ure required when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be		npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Payab Department of St		
		\$236.25 Trust Fund C		Added to Fees ADDITIONS/CHANGE		ate S IN 10	
After September 10.	OFFICERS AND	\$236.25 Trust Fund C	11. TITLE	Added to Fees ADDITIONS/CHANGE P	Department of States and DIRECTORS Change	ate S IN 10	
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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.

MARILYN W. MORGAN

4/20/01 (941)639-5920