

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90120 013 \*\*\*\*61.25

0013530

**DOCUMENT # 713953**

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, PORT CHARLOTT**

*(Handwritten initials)*

Principal Place of Business

Mailing Address

21090 ILIADE AVE.  
 PORT CHARLOTTE FL 33952

21090 ILIADE AVE.  
 PORT CHARLOTTE FL 33952

**00073180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6142117**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**  
**After September 12, 2001, min. will be \$236.25**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>OBERLIN, LYNNETTE --</del>	
STREET ADDRESS	<del>22365 HERNANDO AVE-</del>	
CITY-ST-ZIP	<del>PORT CHARLOTTE FL 33962 --</del>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SCHARFF, MARY</b>	
STREET ADDRESS	<b>1505 KIRKWOOD ST</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34286</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>DONEY, JOHN ==</del>	
STREET ADDRESS	<del>127 CRESCENT DR --</del>	
CITY-ST-ZIP	<del>PUNTA GORDA FL 33950 --</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>AHREND, DONALD --</del>	
STREET ADDRESS	<del>1000 KINGS HWY #201 --</del>	
CITY-ST-ZIP	<del>PORT CHARLOTTE FL 33980 --</del>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, MARILYN</b>	
STREET ADDRESS	<b>2432 ST DAVIDS ISLAND CT</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950-8183</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>WILKIN, PATRICIA --</del>	
STREET ADDRESS	<del>6841 OCEAN CT --</del>	
CITY-ST-ZIP	<del>NORTH PORT FL 34287-2601 --</del>	

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT WILKIN</b>	
STREET ADDRESS	<b>6841 OCEAN CT.</b>	
CITY-ST-ZIP	<b>NORTH PORT, FL 34287-2601</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALICE COLEMAN-LUKACH</b>	
STREET ADDRESS	<b>2248 STARLITE LANE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM F. MORGAN</b>	
STREET ADDRESS	<b>2432 ST. DAVIDS ISLAND CT.</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950-8183</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VIVIENNE MASON</b>	
STREET ADDRESS	<b>1000 KINGS HWY. #153</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33980</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VIRGINIA SHANNON</b>	
STREET ADDRESS	<b>1000 KINGS HWY. #399</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33980</b>	
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:** *Marilyn W. Morgan* **MARILYN W. MORGAN** 4/20/01 (941)639-5920

CR2E037 (5/01)