

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91706 037 ****61.25

DOCUMENT # 713953

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, PORT CHARLOTT
 E, FLORIDA, INC.**

Principal Place of Business

Mailing Address

21090 ILIADE AVE.
 PORT CHARLOTTE FL 33952

21090 ILIADE AVE.
 PORT CHARLOTTE FL 33952

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
OAKS, DAVID K.

Street Address (P.O. Box Number is Not Acceptable)

407 E. MARION AVE.

City
PUNTA GORDA

FL

Zip Code
33950

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 **P** Delete
 NAME **WILKIN, ROBERT**
 STREET ADDRESS **6841 OCEAN COURT**
 CITY-ST-ZIP **NORTH PORT FL 34287-2601**

TITLE **D** Change Addition
 NAME **WILKIN, ROBERT**
 STREET ADDRESS **6841 OCEAN COURT**
 CITY-ST-ZIP **NORTH PORT, FL 34287-2601**

TITLE **S** Delete
 NAME **SCHARFF, MARY**
 STREET ADDRESS **1505 KIRKWOOD ST**
 CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **S** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **COLEMAN-LUKACH, ALICE**
 STREET ADDRESS **2240 STARLITE LANE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **P** Change Addition
 NAME **BRAZELL, FRANKIE**
 STREET ADDRESS **P.O. BOX 496314**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33949**

TITLE **D** Delete
 NAME **MORGAN, WILLIAM F**
 STREET ADDRESS **2432 ST. DAVIDS ISLAND COURT**
 CITY-ST-ZIP **PUNTA GORDA FL 33950-8183**

TITLE **V** Change Addition
 NAME **FLEENER, ELIZABETH**
 STREET ADDRESS **1554 KENMORE STREET**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

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

TITLE **T** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MASON, AVENNE**
 STREET ADDRESS **1000 KINGS HWY #153**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **D** Change Addition
 NAME **ST. CLAIR, NANCY**
 STREET ADDRESS **1383 ABALOM STREET**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

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 5/1/02 (941) 639-5920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)