2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 713953

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, PORT CHARLOTT



FILED Apr 21, 2003 8:00 am Secretary of State
04-21-2003 91043 018 ****61.25

E, FLUHIDA, ING.					0 WE 185					
Principal Place of Business Mailing Address 21090 ILIADE AVE. PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952								ATOLI CICALI ALCALI CA	Sit SiSit test	
2. Principal Place of Business 3. Mailin			ling Address							
Suite, Apt. #, etc. S			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State		***	4. FEI Number 59-6142117			Applied For Not Applicable	
			ip The Section Country - C			5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
OAKS, DAVID K. 407 E. MARION AVE. PUNTA GORDA FL 33950					Street Address (P.O. Box Number is Not Acceptable)					
1 0,11,7	011011112 00000			City			· F	Zip Cod	de	
8. The above	named entity submits this	s statement for the pur	pose of changing its	registered office	or register	red agent, or both, in	the State of Florida. I a	m familiar with	, and accept	
the obligat	tions of registered agent.				,					
SIGNATURE	Signature, typed or printed name of	of registered agent and title if ap	opticable (NOTE	: Registered Agent sig	nature required	d when reinstating)	DAT	<u>·</u> <u>·</u>		
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Co					- -	\$5.00 May Be Added to Fees	Make Che Florida Dep	eck Payable artment of		
10.	• OFFIC	ERS AND DIRECTOR	<u>l</u> S	11.		ADDITIONS/CHANG	L ES TO OFFICERS AND	DIRECTORS II	N 10	
TITLE	D		Delete	TITLE	Р			☐ Change		8
NAME	WILKIN- BOBERT		******	NAME		PDT.TN T.VN	אובייייב		A	ò
STREET ADDRESS 6841_OCEAN_COURT				STREET ADDRES	1 22355 HERNANDO AVE.				37 (
CITY-ST-ZIP	NORTH_PORT_EL_342	87-2601		CITY-ST-ZIP		RT CHARLOT		15.2		E,
TITLE: NAME	S SCHARFF, MARY		☐ Delete	TITLE NAME	101	X1 CHARDO	111,-11 33	☐ Change	☐ Addition	CR2E037 (10/02
STREET ADDRESS CITY-ST-ZIP	1505 KIRKWOOD ST NORTH PORT FL 342		المقود مائم	- STREET ADDRES	S	المعلوم المعلوم المراوان	and the second second	-		***
TITLE	P	.00	Delete	TITLE	 			☐ Change	Addition	
NAME	BRAZELL, FRANKIE		XY	NAME	V	TID MADIC				
STREET ADDRESS	PO_BOX 496314			STREET ADDRES		JLD, MARIO	WAY, #10-A			
CITY-ST-ZIP	PORT_CHARLOTTE_R	L 339 <u>49</u>		CITY-ST-ZIP			TE, FL 339			
TITLE	V		□ Delete	TITLE	D	XI CHANDO	.107-10-555	Change	X Addition	
NAME	FLEENER, ELIZABETH	ł		NAME	ĀHĒ	REND, DONA	LD			
STREET ADDRESS	1554 KENMORE ST.			STREET ADORES	s 100	OO KINGS H	HWY # 201			
CITY-ST-ZIP	PORT-CHARLOTTE-FI	F 53952		CITY-ST-ZIP	POP	RT CHARLOT	TE, FL 339	180		
TITLE	 -Morgan , Marilyn-	_	X Delete	TITLE	D			∐ Change	* Addition	
NAME MORGAN, MAHILYN STREET ADDRESS 2432-ST DAVIDS ISLAND CT			STREET ADDRESS			REND, MILDRED				
CITY-ST-ZIP PUNTA-GORDA FL 33950-8183				CITY-ST-ZIP	1000 KINGS HWY. # 201					
TITLE	D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Delete	TITLE	1 —	RT CHARLOT	PTE, FL 33	980 Change	- Addition	
NAME	ST CLAIR, NANCY -	_	r- ¥ r∩eiste	NAME	D			L. Change	X-1 Addition	
STREET ADDRESS	1383-ABALOM ST			STREET ADDRES	S I	MANN, DORG				
CITY-ST-ZIP PORT_CHARLOTTE_FL 33980~			CITY-ST-ZIP			OFT CIRCLE	\E 0			
12 Lboroby e	portify that the information	*****	n does not qualify for	the exemption s	POI	KT CHARLO	PTE, FL 339	certify that the	information	

Indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. 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

5/1/03

(941)639