

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91043 018 \*\*\*\*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. 21090 ILIADE AVE.  
PORT CHARLOTTE FL 33952 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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**OAKS, DAVID K.  
407 E. MARION AVE.  
PUNTA GORDA FL 33950**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILKIN, ROBERT 6841 OCEAN COURT NORTH PORT FL 34287-2601</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SCHARFF, MARY 1505 KIRKWOOD ST. NORTH PORT FL 34286</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRAZELL, FRANKIE PO BOX 496314 PORT CHARLOTTE FL 33949</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FLEENER, ELIZABETH 1554 KENMORE ST. PORT CHARLOTTE FL 33952</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MORGAN, MARILYN 2432 ST DAVIDS ISLAND CT PUNTA GORDA FL 33960-8183</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ST CLAIR, NANCY 1383 ABALOM ST. PORT CHARLOTTE FL 33980</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P OBERLIN, LYNNETTE 22355 HERNANDO AVE. PORT CHARLOTTE, FL 33952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GOULD, MARION 2486 CARING WAY, #10-A PORT CHARLOTTE, FL 33952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AHREND, DONALD 1000 KINGS HWY # 201 PORT CHARLOTTE, FL 33980</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AHREND, MILDRED 1000 KINGS HWY. # 201 PORT CHARLOTTE, FL 33980</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCMANN, DOROTHY 18515 ASHCROFT CIRCLE PORT CHARLOTTE, FL 33950</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** 5/1/03 (941)639-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)