

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90472 018 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 717343

1. Entity Name

MELBOURNE CHURCH OF RELIGIOUS SCIENCE INC.

Principal Place of Business

Mailing Address

2213 HIGHLAND AVE
 MELBOURNE FL 32935
 US

P.O. BOX 361502
 MELBOURNE FL 32936-1502
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7290512

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

BRIMHALL, ALLAN F.
7814 SHADOWOOD DR, #510
WEST MELBOURNE FL 32940

Name

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

City

FL

Zip Code

32904

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:
FEES 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	D	<input type="checkbox"/> Delete
NAME	TREMONT, HELEN C.	
STREET ADDRESS	501 OAKRIDGE DR.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PYLES, LORETTA L.	
STREET ADDRESS	335 JACALA DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRIMHALL, ALLAN F.	
STREET ADDRESS	916 DORIA WAY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JADASSOHN, LORINE R	
STREET ADDRESS	5190 PINAVISTA DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STANLEY, ALLAN E.	
STREET ADDRESS	1098 ADIGE COURT S.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOETTERLE, JOHN H.	
STREET ADDRESS	916 DORIA WAY	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7814 SHADOWOOD DR #510
CITY-ST-ZIP	WEST MELBOURNE FL 32904
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JADASSOHN, LORINE R
STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	PALMBAY FL 32909
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7814 SHADOWOOD DR #510
CITY-ST-ZIP	WESTMELBOURNE FL 32904

CR2E037 (9/99)

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:

John H. Loetterle
JOHN H. LOETTERLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

(320)984-8141

Daytime Phone #