

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90014 019 \*\*\*\*61.25

**DOCUMENT # 717343**

1. Entity Name

**MELBOURNE CHURCH OF RELIGIOUS SCIENCE INC.**

LA

Principal Place of Business

2213 HIGHLAND AVE  
 MELBOURNE FL 32935  
 US

Mailing Address

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

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

23-7290512

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

**BRIMHALL, ALLAN F.**  
**7814 SHADOWOOD DR, #510**  
**MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name **SANDRA L. STANALAND**

Street Address (P.O. Box Number is Not Acceptable)  
**1977 BARKLEY AVENUE**

City **MELBOURNE** FL Zip Code **32935**

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 *Sandra L. Stanaland* **SANDRA L. STANALAND TREASURER** 9/5/01  
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	<b>TREMONT, HELEN C.</b>	
STREET ADDRESS	<b>501 OAKRIDGE DR.</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PYLES, LORETTA L.</b>	
STREET ADDRESS	<b>335 JACALA DRIVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRIMHALL, ALLAN F.</b>	
STREET ADDRESS	<b>7814 SHADOWOOD DR #510</b>	
CITY-ST-ZIP	<b>WEST MELBOURNE FL 32904</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JADASSOHN, LORAIN</b>	
STREET ADDRESS	<b>5190 PINAVISTA DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STANLEY, ALLAN E.</b>	
STREET ADDRESS	<b>1098 ADIGE COURT S.E.</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32909</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOETTERLE, JOHN H.</b>	
STREET ADDRESS	<b>7814 SHADOWOOD DR #510</b>	
CITY-ST-ZIP	<b>WEST MELBOURNE FL 32904</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROL BOONE</b>	
STREET ADDRESS	<b>297 HIGHWAY A1A #215</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORETTA PYLES</b>	
STREET ADDRESS	<b>335 JACALA DRIVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICIA CONNELL</b>	
STREET ADDRESS	<b>600 MANATEE DRIVE</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH, FL 32937</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDRA L. STANALAND</b>	
STREET ADDRESS	<b>1977 BARKLEY AVENUE</b>	
CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROL HOLIFIELD</b>	
STREET ADDRESS	<b>4155 PRIME AVENUE</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</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: *Sandra L. Stanaland* **SANDRA L. STANALAND TREASURER** 9/5/01 321-757-7535

CR2E037 (5/01)