

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.

Principal Place of Business

2213 HIGHLAND AVE
 MELBOURNE FL 32935
 US

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

23-7290512

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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