

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91297 012 \*\*\*\*61.25

0014243

**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. BO 361502  
 MELBOURNE FL 32936-1502  
 US

2. Principal Place of Business

3. Mailing Address

1977 BARKLEY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 MELBOURNE FL

4. FEI Number

23-7290512

Applied For

Not Applicable

Zip

Country

Zip

Country

32935

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANALAND, SANDRA L  
 1977 BARKLEY AVENUE  
 MELBOURNE FL 32935

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.

SIGNATURE

*Sandra L Stanaland*

4/22/02

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

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  Delete  
 NAME **D**  
 BOONE, CAROL  
 STREET ADDRESS 297 HIGHWAY A1A #215  
 CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CD**  
 PYLES, LORETTA  
 STREET ADDRESS 335 JACALA DRIVE  
 CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE  Change  Addition  
 NAME **SD**  
 PATRICIA HUSSEY  
 STREET ADDRESS 1607 BAKER ST., N.E  
 CITY-ST-ZIP PALM BAY, FL 32907

TITLE  Delete  
 NAME **D**  
 CONNELL, PATRICIA  
 STREET ADDRESS 600 MANATEE DRIVE  
 CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD**  
 STANALAND, SANDRA L  
 STREET ADDRESS 1977 BARKLEY AVENUE  
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SB VD**  
 HOLLIFIELD, CAROL  
 STREET ADDRESS 4155 PRIME AVE  
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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*

4/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)