

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2002 91297 012 ****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. 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

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

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 **PATRICIA HUSSEY**
 STREET ADDRESS **1601 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)