

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

0022719

**DOCUMENT # 718945**

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, INC., DELTONA**

04-24-2001 90339 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**988 ELKCAM BLVD.  
 DELTONA FL 32725  
 US**

**988 ELKCAM BLVD.  
 DELTONA FL 32725  
 US**

747184



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7241025**

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

**SAWTELLE, GEORGE C  
 1901 N NORMANDY  
 DELTONA FL 32725**

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

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 NAME **SD** ☒ Delete  
**SUHRE, MARY**  
 STREET ADDRESS **1887 VIKING AVE**  
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE NAME **JOYCE KEENAN SD** ☐ Change ☒ Addition  
 STREET ADDRESS **1025 AARON RD.**  
 CITY-ST-ZIP **DELTONA, FL 32725**

TITLE NAME **T** ☒ Delete  
**CLARK, DOROTHY**  
 STREET ADDRESS **961 N. UNION CIRCLE**  
 CITY-ST-ZIP **DELTONA FL**

TITLE NAME **JEAN LEFFLER T** ☐ Change ☒ Addition  
 STREET ADDRESS **1210 N. OLD MILL DR**  
 CITY-ST-ZIP **DELTONA, FL 32725**

TITLE NAME **DC** ☐ Delete  
**SANTELLE, MARGARET**  
 STREET ADDRESS **1901 N NORMANDY BLVD**  
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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:

**SIGNATURE OF OFFICER/DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEAN LEFFLER T**

Date

**4/18/01**

Daytime Phone

**95-5502**

CR2E037 (10/00)