

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90059 047 ****61.25

C0053704



DO NOT WRITE IN THIS SPACE

DOCUMENT # 721618

1. Entity Name

CHRISTIAN SCIENCE SOCIETY, LAKE WALES, FLORIDA.

Principal Place of Business

Mailing Address

1550 BURNS AVE
 LAKE WALES FL 33853
 US

PO BOX 3927
 LAKE WALES FL 33859-3927
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2299322

Applied For

Not Applicable

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

SHIRLEY TIEDJENS
6 EASY STREET
LAKE WALES FL 33853 - 7433

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 Delete
 NAME **D GARRIGUS, LOIS**
 STREET ADDRESS **30 SADDLEBAG TR N**
 CITY-ST-ZIP **LAKE WALES FL**

TITLE Change Addition
 NAME **D Garrigus, Lois**
 STREET ADDRESS **Daystar 1180 Great Plain Av**
 CITY-ST-ZIP **Needham, MA 02492**

TITLE Delete
 NAME **TD TIEDJENS, SHIRLEY**
 STREET ADDRESS **6 EASY STREET**
 CITY-ST-ZIP **LAKE WALES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33853-7433**

TITLE Delete
 NAME **CD KOELLE, BETTY**
 STREET ADDRESS **7 NIGHT OWL CIR**
 CITY-ST-ZIP **LAKE WALES FL**

TITLE Change Addition
 NAME **CD Koelle, Betty**
 STREET ADDRESS **5747 Saddlebag Lake Road**
 CITY-ST-ZIP **Lake Wales FL 33853-9670**

TITLE Delete
 NAME **SD SMITH, ROBYN**
 STREET ADDRESS **10511 MONROE CT.**
 CITY-ST-ZIP **LAKE WALES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33853-6914**

TITLE Delete
 NAME **D DE LISSOVOY, LILLIAN**
 STREET ADDRESS **16 LANTANA DRIVE NORTH**
 CITY-ST-ZIP **INDIAN LAKE ESTATES FL 33055**

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: Robyn S. Smith 3/29/00 (863)696-3124