

DOCUMENT # 722399

1. Entity Name

THIRD CHURCH OF CHRIST, SCIENTIST, SARASOTA, FLO

Principal Place of Business

7660 CURTISS AVENUE
SARASOTA FL 34231

Mailing Address

7660 CURTISS AVENUE
SARASOTA FL 34231

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

23-7281257

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARY, ROBERT P
3702 ASTER DRIVE
SARASOTA FL 34233-2107

7. Name and Address of New Registered Agent

Name FLINT, James W.Street Address (P.O. Box Number is Not Acceptable)
8599 Woodbriar Dr.City Sarasota

FL

Zip Code 34238

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MACINTIRE, JOAN 583 MEADOW SWEET CR. SARASOTA FL 34229	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARY, ROBERT P 3702 ASTER DR SARASOTA FL 34233	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOARDMAN, DAWN 7239 CLOISTER DR SARASOTA FL 34231	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPERNIK, BARBARA 7550 FAIRWAY WOODS DR SARASOTA FL 34231	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFTNER, NANCY 4979 WINDSOR PARK SARASOTA FL 34235	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESKEW, KIM G 1680 KELLY LN SARASOTA FL 34232	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Flint, James W. 8599 Woodbriar Dr. Sarasota FL 34238	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-17-2001 90080 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)