

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90089 026 ****61.25

DOCUMENT # 728842

1. Entity Name

THE FIRST CHURCH OF RELIGIOUS SCIENCE, CENTER FO

Principal Place of Business

Mailing Address

406 S E 24TH AVENUE
 CAPE CORAL FL 33990-1465

406 S E 24TH AVENUE
 CAPE CORAL FL 33990-1465

BU005875



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0713025

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

SULLIVAN, ELIZABETH M
5211 CORONADO PKWY, #102
CAPE CORAL FL 33904-5691

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PEPIN, APRIL	
STREET ADDRESS	1165 PALM AVE, #C	
CITY-ST-ZIP	NFM FL 33903	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, PHYLLIS	
STREET ADDRESS	4809 LEMACT	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROGALA, ELLYN	
STREET ADDRESS	5565 TRAILWINDS DR, #212	
CITY-ST-ZIP	FM FL 33908	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALDWELL, STEVEN	
STREET ADDRESS	3230 SW 7TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, LINDA	
STREET ADDRESS	1055 PALM AVE., #225	
CITY-ST-ZIP	NFM FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Linda Dolan* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-00

Date

(941) 574-6463

Daytime Phone #

CR2E037 (9/99)