

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90690 047 \*\*\*\*61.25

**DOCUMENT # 728842**

1. Entity Name

**THE FIRST CHURCH OF RELIGIOUS SCIENCE, CENTER FOR POSITIVE LIVING OF LEE COUNTY, FLORIDA, INC.**



Principal Place of Business

Mailing Address

**406 S E 24TH AVENUE  
CAPE CORAL FL 33990**

**406 S E 24TH AVENUE  
CAPE CORAL FL 33990**

**70008454**



CHECK HERE IF MAKING CHANGES

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 **65-0713025**

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

**DOLAN, LINDA M  
1027 S E 23RD PLACE  
# A  
CAPE CORAL FL 33990**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **PD DOLAN, LINDA**  
STREET ADDRESS **1207 SE 23RD PLACE # A**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD CASTELLANO, MARIE**  
STREET ADDRESS **1501 SE 27TH TERRACE**  
CITY-ST-ZIP **N. FT. MYERS FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VTD DAEDA, VALERIE**  
STREET ADDRESS **2119 UNITY AVE**  
CITY-ST-ZIP **FORT MYERS FL 33901**

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

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
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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: *Linda M. Dolan* **NO SIGNATURE REQUIRED**

01-10-03 (239) 574-6463

CR2E037 (10/02)