

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90006 039 ****70.00

AU020816



DO NOT WRITE IN THIS SPACE

DOCUMENT # 729228

1. Entity Name
CHURCH OF CHRIST JESUS AND MARY BAKER EDDY CHRISTIAN SCIENCE, INC.

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|--|--|
| Principal Place of Business 1000 LAKE OF THE WOODS BLVD B-102 PARK FL 32730 | Mailing Address P. O. BOX 27539 DENVER CO 80227-0539 US |
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|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|--|--|

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-2363898 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent
GRABLE, DOUGLAS L
1000 LAKE OF THE WOODS BLVD
UNIT B-102
FERN PARK FL 32730

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---------------------------------|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GRABLE, DOUGLAS LEE 1000 LAKE OF THE WOODS BLVD, UNIT B-102 FERN PARK FL 32730 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HINSON, DONALD J. 4677 SOUTH ADOBE WAY LITTLETON CO 80127 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LARKIN, STANLEY C 8815 W. CORNELL PLACE LAKEWOOD CO 80227 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RACICOT, MARGARET 8111 W EASTMAN PLACE, #5-204 LAKEWOOD CO 80227 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WAITE, GARI 142 SAGEBRUSH ST. GOLDEN CO 80401 <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Donald J. Hinson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Feb. 3, 2000 Daytime Phone #: 303-989-9398

CR2E037 (9/99)