

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90101 011 ****70.00

DOCUMENT # 729228

1. Entity Name
**CHURCH OF CHRIST JESUS AND MARY BAKER EDDY CHRIS
TIAN SCIENCE, INC.**



Principal Place of Business
**130 NORTH HIGH STREET
LAKE MARY FL 32746
US**

Mailing Address
**P. O. BOX 27539
DENVER CO 80227
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1259 Northeast 97 Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami Shores, Florida

City & State

Zip
33138

Country
Dade

Zip
33138

Country

4. FEI Number **59-2363898**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRABLE, DOUGLAS L
130 NORTH HIGH STREET
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name
Jane Grable

Street Address (P.O. Box Number is Not Acceptable)
1259 Northeast 97 Street

City
Miami Shores

FL Zip Code
33138

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 *Jane Grable* x **3/3/03**

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCM LEITER, SHARON 8172 WEST EASTMAN PL LAKEWOOD CO 80227	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLAIN, ANITA F 10972 MAIN RIDGE TRAIL LITTLETON CO 80127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADELMAN, ROCHID 423 DEFRAME COURT GOLDEN CO 80401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMBERLIN, CHERYL 3469 SOUTH OTIS CRT DENVER CO 80227	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	D Sallie Kimbrough 5353 Lamar Street Littleton, CO 80123	<input type="checkbox"/> Change <input checked="" 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: *Sharon Leiter* **Sharon Leiter, President** **3/10/03** 303-989-9398

CR2E037 (10/02)