

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91130 033 ****61.25

DOCUMENT # 730407

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, JUPITER-TEQUE
 STA, FLORIDA, INC.**

Principal Place of Business

Mailing Address

75 E. INDIANTOWN ROAD, #502
 CONCOURSE VILLAGE SHOPPING CENTER
 JUPITER FL 33477

75 E. INDIANTOWN ROAD, #502
 CONCOURSE VILLAGE SHOPPING CENTER
 JUPITER FL 33477



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

59-1572477

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

MARTIOELLO, MARY
 12698 S E CASCADE COURT
 HOBE SOUND FL 33455

Name: **MAIDMENT, HELEN**
 Street Address: **5-B CONCOURSE DRIVE**
 City: **TEQUESTA, FL** Zip Code: **33469**

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: *Helen E. Maidment*

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 NAME STREET ADDRESS CITY-ST-ZIP	C DINGWELL, RANDOLPH 13443 W ANDOVER WAY PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINELLO, MARY 12698 S E CASCADES COURT HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEUTEBERG, KAREN 7 GARDEN ST I-204 TEQUESTA FL 33469	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, JOANNE 173 JONES CREEK DR JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIL, PHYLLIS 1004 TENTH COURT PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, SHIRLEY 10436 S E SILVER PALM TEQUESTA FL 33469	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAR BOTON, KEN 4181 LAKESIDE CIRCLE WEST PALM BEACH, FL. 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MASSEY, MINIVAN 210 FAIRWAY WEST TEQUESTA, FL. 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COULTER, JEANNE 19900 BEACH RD, #704 TEQUESTA, FL. 33499	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WITTY, JUDI 3700 FRESHWATER DR. JUPITER, FL. 33477	<input checked="" 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: *Joanne Ferguson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/28/02**

Daytime Phone #

CR2E037 (9/01)