


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

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90141 040 \*\*\*\*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**

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 **59-1572477**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MAIDMENT, HELEN  
5-B CONCOURSE DRIVE  
TEQUESTA FL 33469**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TARBOJON, KEN</b>	
STREET ADDRESS	<b>4681 LAKESIDE CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINELLO, MARY</b>	
STREET ADDRESS	<b>12698 S E CASCADES COURT</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASSEY, MINIVAN</b>	
STREET ADDRESS	<b>210 FAIRWAY STREET</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FERGUSON, JOANNE</b>	
STREET ADDRESS	<b>173 JONES CREEK DR</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COULTER, JEANNE</b>	
STREET ADDRESS	<b>19900 BEACH RD #704</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33499</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WITTY, JUDI</b>	
STREET ADDRESS	<b>3700 FRESHWATER DR.</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>K</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ken Smith</b>	
STREET ADDRESS	<b>800 Ocean Dr #903</b>	
CITY-ST-ZIP	<b>Juno Beach, FL 33408</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shirley Taylor</b>	
STREET ADDRESS	<b>10436 SE Silver Palm</b>	
CITY-ST-ZIP	<b>Tequesta, FL 33469</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Phyllis Mell</b>	
STREET ADDRESS	<b>919 Anglers Way</b>	
CITY-ST-ZIP	<b>Jupiter FL 33458</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Phyllis Heil</b>	
STREET ADDRESS	<b>10014 10th Ave</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Helen Maidment</b>	
STREET ADDRESS	<b>5B Concourse Dr.</b>	
CITY-ST-ZIP	<b>Tequesta, FL 33477</b>	
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: *SPALM... Maidment*      Date: 5-5-03      Daytime Phone #

CR2E037 (10/02)