

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90082 029 \*\*\*\*61.25

DOCUMENT # 732269

1. Entity Name

FIRST CHURCH OF RELIGIOUS SCIENCE OF GREATER DAY

Principal Place of Business

428 TOMOKA AVE
ORMOND BEACH FL 32174

Mailing Address

428 TOMOKA AVE
ORMOND BEACH FL 32174-6246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3007016

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOEFT, GLO
78 N. RIDGEWOOD AVE
ORMOND BCH, F L FL 32174

Name HOEFT, Rev. GLO

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

27 ARROYO PARKWAY

City Ormond Beach

FL

Zip Code 32174

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

Rev. GLO HOEFT
Rev. GLO HOEFT SENIOR MINISTER

5/1/00

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

T MULLALEY, STEVE
212 RIVERBEND RD.
ORMOND BEACH FL 32174

TREASURER Holly WALLSMITH
176 S. Beach ST.
Ormond Beach, FL 32174

President KELLY, JOHN
29001 S. PENINSULA DR.
DAYTONA BCH FL 32118

SECRETARY BARBARA CRANE
505 Riverside DR.
Ormond Beach, FL 32176

PT WACKER, DORA
170 LIMWOOD PL #1
ORMOND BEACH FL 32174

Member AT LARGE Norma Hindleaker
904 Village Green Rd.
DeLand, FL 32720

Empty officer entry

Empty officer entry

Empty officer entry

Empty officer entry

Empty officer entry

Empty officer entry

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:

BARBARA CRANE, Secretary

5-24-00 (904)672-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)