

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735176

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, LAKE WORTH, F

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90033 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

918 N LAKESIDE DR  
LAKE WORTH FL 33460-7202  
US

918 BN LAKESIDE DR  
LAKE WORTH FL 33460  
US

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

59-1935579

Applied For

Not Applicable

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

KRAMER, R. K.  
1514 SHIRLEY COURT  
LAKE WORTH FL 33461

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

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	CD	<input checked="" type="checkbox"/> Delete
NAME	HANDMACHER, PEGGY	
STREET ADDRESS	178 ARBOR LAKE DRIVE	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POTTER, DORIS	
STREET ADDRESS	415 DATE PALM DR,	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MELDRUM, WILLIAM	
STREET ADDRESS	2602 DUKE COURT	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, RUTH	
STREET ADDRESS	2540 BOUND BROOK BLVD	
CITY-ST-ZIP	WPB FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGLUND, BETSEY	
STREET ADDRESS	328 CEDAR KEY CIRCLE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HANDMACHER, PEGGY	
STREET ADDRESS	178 LAKE ARBOR DRIVE	
CITY-ST-ZIP	PALM SPRINGS FL 33461	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marian Laatz	
STREET ADDRESS	120 S "K" St.	
CITY-ST-ZIP	Lake Worth, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Betsy P. Berglund*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*P. BERGLUND* (561) 357-3140

Date

Daytime Phone

CR2E037 (9/99)