

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90050 014 \*\*\*\*61.25

**DOCUMENT # 735176**

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, LAKE WORTH, F  
LORIDA**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **LAATZ, MARIAN**  
CITY-ST-ZIP **120 S 'K' STREET  
LAKE WORTH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HOWARD, BOB**  
CITY-ST-ZIP **829 NORTH PALMWAY  
LAKE WORTH FL 03460**

TITLE ☒ Change ☒ Addition  
NAME **D/T**  
STREET ADDRESS **HOWARD BOB**  
CITY-ST-ZIP **813 SKY PINE WAY, 10-1  
WEST PALM BEACH, FL 33415**

TITLE ☐ Delete  
NAME **CD**  
STREET ADDRESS **MELDRUM, WILLIAM**  
CITY-ST-ZIP **2602 DUKE COURT  
LAKE WORTH FL 33460**

TITLE ☐ Change ☐ Addition  
NAME **C**  
STREET ADDRESS **CANTOR, PEG**  
CITY-ST-ZIP **2129 DEVONSHIRE WAY  
PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BROCKWAY, YOM**  
CITY-ST-ZIP **4402 DANIELSON DR  
MIAMI FL 33167**

TITLE ☒ Change ☒ Addition  
NAME **C/D**  
STREET ADDRESS **BROCKWAY, TOM**  
CITY-ST-ZIP **4402 DANIELSON DR  
LAKE WORTH, FL 33467**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **BERGLUND, BETSEY**  
CITY-ST-ZIP **328 CEDAR KEY CIRCLE  
ATLANTIS FL 33462**

TITLE ☐ Change ☐ Addition  
NAME **S/D**  
STREET ADDRESS **BROCKWAY, BETTINA**  
CITY-ST-ZIP **4402 DANIELSON DR  
LAKE WORTH, FL 33467**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Bettina C. Brockway*  
**BETTINA C. BROCKWAY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-02**

Date

**561-585-3878**  
Daytime Phone #

CR2E037 (9/01)