

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90116 026 \*\*\*\*61.25

**DOCUMENT # 735176**

1. Entity Name

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



Principal Place of Business

**918 N LAKESIDE DR  
LAKE WORTH FL 33460-7202  
US**

Mailing Address

**918 N LAKESIDE DR  
LAKE WORTH FL 33460  
US**

**22001275**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**608 Lucerne Ave**

3. Mailing Address

**Same**

City & State

**Lake Worth FL**

City & State

**Same**

4. FEI Number **59-1935579**

Applied For

Not Applicable

Zip

**33460**

Country

**USA**

Zip

**33460**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

**Ruth Howard  
608 Lucerne Ave.**

**Lake Worth FL 33460**

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

**Ruth P. Howard**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                             |        |
|----------------|-----------------------------|--------|
| TITLE          | D                           | Delete |
| NAME           | LAATZ, MARIAN               |        |
| STREET ADDRESS | 120 S 'K' STREET            |        |
| CITY-ST-ZIP    | LAKE WORTH FL               |        |
| TITLE          | DT                          | Delete |
| NAME           | HOWARD, BOB                 |        |
| STREET ADDRESS | 813 SKY PINE WAY D-1        |        |
| CITY-ST-ZIP    | WEST-PALM BEACH FL 33415    |        |
| TITLE          | CD                          | Delete |
| NAME           | MELDRUM, WILLIAM            |        |
| STREET ADDRESS | 2602 DUKE COURT             |        |
| CITY-ST-ZIP    | LAKE WORTH FL 33460         |        |
| TITLE          | CD                          | Delete |
| NAME           | BROCKWAY, YOM               |        |
| STREET ADDRESS | 4402 DANIELSON DR           |        |
| CITY-ST-ZIP    | MIAMI FL 33167              |        |
| TITLE          | SD                          | Delete |
| NAME           | BROCKWAY, BETTINA           |        |
| STREET ADDRESS | 4402 DANIELSON DR           |        |
| CITY-ST-ZIP    | LAKE WORTH FL 33467         |        |
| TITLE          | D                           | Delete |
| NAME           | CANTOR, PEG                 |        |
| STREET ADDRESS | 2129 DEVONSHIRE WAY         |        |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL 33418 |        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |        |          |
|----------------|---------------------------|--------|----------|
| TITLE          | Director, Clerk           | Change | Addition |
| NAME           | Ruth Howard               |        |          |
| STREET ADDRESS | 813 Sky Pine Way D-1      |        |          |
| CITY-ST-ZIP    | West Palm Beach, FL 33415 |        |          |
| TITLE          | Director                  | Change | Addition |
| NAME           | Laverne Crusell           |        |          |
| STREET ADDRESS | 374 Potter Rd             |        |          |
| CITY-ST-ZIP    | West Palm Beach FL 33405  |        |          |
| TITLE          |                           | Change | Addition |
| NAME           |                           |        |          |
| STREET ADDRESS |                           |        |          |
| CITY-ST-ZIP    |                           |        |          |
| TITLE          |                           | Change | Addition |
| 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:

**Ruth P. Howard**

CR2E037 (10/02)