

## DOCUMENT # 735996

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, FORT WALTON B

Principal Place of Business

45 FIRST STREET  
P.O. BOX 785  
FT. WALTON BCH FL 32549

Mailing Address

45 FIRST STREET  
P.O. BOX 785  
FT. WALTON BCH FL 32549-0785

2. Principal Place of Business

45 FirstAve.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 785

Suite, Apt. #, etc.

City &amp; State

Fort Walton Beach

City &amp; State

Florida

Zip

32549

Country

Okaloosa

Zip

Country

4. FEI Number

59-1693592

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAYNE, ADA MAE  
113 WAYNELL CIRCLE SE  
FORT WALTON BEACH FL 32548

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.

SIGNATURE

Ada May Wayne

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

1-11-2000

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WEBER, FRANCES	
STREET ADDRESS	4560 KNOLLWOOD LANE	
CITY-ST-ZIP	NICEVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEITH, ALEX	
STREET ADDRESS	708 POWELL	
CITY-ST-ZIP	FT. WALTON BEACH FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRKLAND, JEANINE	
STREET ADDRESS	318 LANG ROAD	
CITY-ST-ZIP	FT. WALTON BEACH FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	WAYNE, ADA MAE	
STREET ADDRESS	113 WAYNELL CIRCLE SE	
CITY-ST-ZIP	FT. WALTON BEACH FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, JEANNE	
STREET ADDRESS	ROUTE 1, BOX 65-5	
CITY-ST-ZIP	FREEPORT FL	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MAYES, MERLEEN	
STREET ADDRESS	346 OHIO AVE.	
CITY-ST-ZIP	VALPARAISO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLEEN M. LANG	
STREET ADDRESS	175 Kel-Wen Circle	
CITY-ST-ZIP	Destin, Florida 32541	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES W. LESTER	
STREET ADDRESS	1553 Highway 98 West	
CITY-ST-ZIP	Mary Esther, Florida 32569	

TITLE	Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN NUAMAN	
STREET ADDRESS	6099 Gibson	
CITY-ST-ZIP	Baker, Florida 32531	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300003183893--8	
CITY-ST-ZIP	-03/24/00--01116--001	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	*****52.50	
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:

Ada May Wayne

Ada May Wayne January 11, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAR 16 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CP2E037 (9/99)

SP