

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735996

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, FORT WALTON B

Principal Place of Business

45 FIRST AVE
FORT WALTON BEACH FL 32549

Mailing Address

P.O. BOX 785
FORT WALTON BEACH FL 32549-0785

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

59-1693592

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

Name

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

City

FL

Zip Code

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

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.

Ada May Wayne

Jan. 8, 2001

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBER, FRANCES	
STREET ADDRESS	4500 KNOLLWOOD LANE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, COLLEEN M	
STREET ADDRESS	175 KEL-WEN CIRCLE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESTER, JAMES W	
STREET ADDRESS	1553 HIGHWAY 98 WEST	
CITY-ST-ZIP	MARY ESTHER FL 32569	
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 635	
CITY-ST-ZIP	FREEPORT FL 223 California Fort Walton Beach, FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	NUAMAN, KAREN	
STREET ADDRESS	6099 GIBSON	
CITY-ST-ZIP	BAKER FL 32531	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANINE Kirkland	
STREET ADDRESS	318 Lang Road	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	
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		<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: Jeanine Kirkland 1/9/01 (850) 863-2779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90008 018 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)