

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

04-06-2001 90011 048 ****61.25

DOCUMENT # 754596

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, LONGWOOD, FLO

Principal Place of Business

Mailing Address

975 MARKHAM WOODS RD
 LONGWOOD FL 32779
 US

975 MARKHAM WOODS RD
 LONGWOOD FL 32779
 US

73724



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2041282

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBERTI, KAREN
 1786 OAKBROOK DRIVE
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name Jean N. Williamson

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

PO Box 780624 / 1415 Arborhouse Ct
Longwood FL 32750

City Orlando

FL Zip Code 32778

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 Jean N. Williamson

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

Jean N. Williamson

(NOTE: Registered Agent signature required when reinstating)

3/8/01

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	DCP	<input checked="" type="checkbox"/> Delete
NAME	DUNAWAY, DAVID	
STREET ADDRESS	1632 PINEWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DUNAWAY, DAVID	
STREET ADDRESS	1632 PINEWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORTON, SARAE	
STREET ADDRESS	2503 SWEETWATER COUNTRY CLUB DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUMGARDNER, SANDRA	
STREET ADDRESS	1961 WASHINGTON AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOMMER, JANE	
STREET ADDRESS	213 PEPPERTREE CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RUBERTI, KAREN	
STREET ADDRESS	1086 EDMISTON PLACE	
CITY-ST-ZIP	LONGWOOD FL 32779	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DCP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	WILLIAMSON, JEAN N.	
STREET ADDRESS	1415 Arborhouse Ct.	
CITY-ST-ZIP	Longwood, FL 32878-0624	
TITLE	VD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	winner Gary	
STREET ADDRESS	303 Fairway Rd.	
CITY-ST-ZIP	Sanford, FL 32773-4711	
TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Westerby, Beth	
STREET ADDRESS	50 MOREE LOOP #37	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Kropp, Sophie H.	
STREET ADDRESS	517 Fox Hunt Cir.	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Van Arsdale, Barbara T.	
STREET ADDRESS	901 TUSCOWILLA TR.	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: **SIGNATURE REQUIRED**

Jean N. Williamson 4/15/00 407 (306) 2035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)