

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90250 048 \*\*\*\*61.25

0011002

**DOCUMENT # 754596**

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, LONGWOOD, FLO  
 RIDA, INC.**

Principal Place of Business

Mailing Address

**975 MARKHAM WOODS RD  
 LONGWOOD FL 32779  
 US**

**975 MARKHAM WOODS RD  
 LONGWOOD FL 32779  
 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

**59-2041282**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMSON, JEAN N  
 1415 ARBORHOUSE COURT  
 LONGWOOD FL 32750**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP</b> <b>WILLIAMSON, JEAN N</b> <b>1415 ARBORHOUSE COURT</b> <b>LONGWOOD FL 32878-0624</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WINNER, GARY</b> <b>303 FAIRWAY ROAD</b> <b>SANFORD FL 32773-4711</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WESTERBY, BETH</b> <b>50 MOREE LOOP #37</b> <b>WINTER SPRINGS FL 32708</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KROPP, SOPHIA</b> <b>517 FOX HUNT CIRCLE</b> <b>LONGWOOD FL 32750</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN ARSDALE, BARBARA T</b> <b>901 TUSCAWILLA TR</b> <b>WINTER SPRINGS FL 32708</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>O'NEAL, CHERIE</b> <b>442 OPAL CT.</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOMMER, JANE A.</b> <b>213 PEPPERTREE CT.</b> <b>LAKE MARY, FL 32746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORTON, SARAE</b> <b>2503 SWEETWATER COUNTRY CLUB DR</b> <b>APOPKA, FL 32712</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*JEAN N WILLIAMSON*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jean N. Williamson*  
 4/22/02 407/306-2035  
 Date Daytime Phone #

CR2E037 (9/01)