

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90139 049 \*\*\*\*61.25



DOCUMENT # **754596**

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

Principal Place of Business  
**975 MARKHAM WOODS RD  
LONGWOOD FL 32779  
US**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2041282**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WILLIAMSON, JEAN N  
1415 ARBORHOUSE COURT  
LONGWOOD FL 32750**

7. Name and Address of New Registered Agent  
Name **O NEAL, CHERIE**  
Street Address (P.O. Box Number is Not Acceptable)  
**442 OPAL COURT**  
City **ALTAMONTE SPRINGS FL** Zip Code **32714**

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 Cherie O Neal DATE 2/09/03

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	<del>DCP</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>WILLIAMSON, JEAN N</del>	
STREET ADDRESS	<del>1415 ARBORHOUSE COURT</del>	
CITY-ST-ZIP	<del>LONGWOOD FL 32779</del>	
TITLE	<del>DCP</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>O'NEAL, CHERIE</del>	
STREET ADDRESS	<del>442 OPAL CT.</del>	
CITY-ST-ZIP	<del>ALTAMONTE SPRINGS FL 32714</del>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SOMMER, JANE A</del>	
STREET ADDRESS	<del>213 PEPPERTREE CT.</del>	
CITY-ST-ZIP	<del>LAKE MARY FL 32748</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>KROPP, SOPHIA</del>	
STREET ADDRESS	<del>517 FOX HUNT CIRCLE</del>	
CITY-ST-ZIP	<del>LONGWOOD FL 32750</del>	
TITLE	<del>B</del>	<input type="checkbox"/> Delete
NAME	<del>MORTON, SARA E</del>	
STREET ADDRESS	<del>2503 SWEETWATER COUNTRY CLUB DR</del>	
CITY-ST-ZIP	<del>APOPKA FL 32712</del>	
TITLE	<del>[scribble]</del>	<input type="checkbox"/> Delete
NAME	<del>[scribble]</del>	
STREET ADDRESS	<del>[scribble]</del>	
CITY-ST-ZIP	<del>[scribble]</del>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>D</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>JANET PATTEN</del>	
STREET ADDRESS	<del>108 EASTERN FORK</del>	
CITY-ST-ZIP	<del>LONGWOOD, FL 32779</del>	
TITLE	<del>D</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>Roberti, Karen</del>	
STREET ADDRESS	<del>1786 Oakbrook Dr.</del>	
CITY-ST-ZIP	<del>Longwood, FL 32779</del>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>Sommer, Jane A</del>	
STREET ADDRESS	<del>213 Peppertree Ct.</del>	
CITY-ST-ZIP	<del>lake mary, FL 32748</del>	
TITLE	<del>DCP</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>O'NEAL, CHERIE</del>	
STREET ADDRESS	<del>442 OPAL CT</del>	
CITY-ST-ZIP	<del>ALTAMONTE SPRINGS, FL 32714</del>	
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: CHERIE O NEAL DATE: 1-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)