

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763304

1. Entity Name

THE CHRISTIAN SCIENCE SOCIETY OF BONITA SPRINGS,

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90001 004 ****61.25

Principal Place of Business 11551 EAST TERRY STREET BONITA SPRINGS FL 34135 US	Mailing Address 11551 EAST TERRY STREET BONITA SPRINGS FL 34135-6122 US
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DO NOT WRITE IN THIS SPACE

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 59-6564990	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LURVEY, ROBERT
13710 SOUTHAMTON DRIVE
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name: Same

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D STURM, PATRICIA 12081 B E DRIVE BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBC CARTWRIGHT, ELEANOR 26900 WEDGEWOOD DRIVE #D401 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LURVEY, CHRISTINA 13710 SOUTHAMPTON DRIVE BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LURVEY, ROBERT 13710 SOUTHAMPTON DRIVE BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C STURM, PATRICIA 12081 B.E. Drive Bonita Springs, FL 34315 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T LURVEY, ROBERT 13710 Southamton Dr. Bonita Springs, FL 34235 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ALMEDA E. 26820 Stardust Dr. Bonita Springs, FL 34135 <input 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	<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: D/C Patricia Sturm CHAIRMAN OF BOARD
 3/20/00 (941) 947-2912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)