2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2001 08:00 AM N34160 DOCUMENT # 1. Entity Name **Secretary of State** FIRST CHURCH OF RELIGIOUS SCIENCE OF ORLANDO, FLORID Principal Place of Business Mailing Address 709 EDGEWATER DR. 709 EDGEWATER DR ORLANDO FL ORLANDO 32804 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1031400 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WYNNE-HAMPTON LANI Street Address (P.O. Box Number is Not Acceptable) 4207 WILLOW PARK DRIVE ORLANDO FL32835 US City 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. 03/29/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete TITLE ☐ Change ☐ Addition NAME JONES ROBERT NAME STREET ADDRESS STREET ADDRESS 2823 E MICHIGAN STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO 32806 TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME HINT PATRICIA NAME STREET ADDRESS 210A PERTH COURT STREET ADDRESS CITY-ST-ZIF WINTER SPRINGS FL. 32708 CITY-ST-ZIP TITLE Delete TITLE TD X Change ☐ Addition NAME LOTTON, DONALD NAME LOTTON DONALD STREET ADDRESS 4106 FLORALWOOD COURT STREET ADDRESS 4106 FLORALWOOD COURT CITY-ST-ZIP ORLANDO CITY-ST-ZIP ORLANDO FLFT. 23812 TITLE Delete TITLE Change Addition NAME WYNNE-HAMPTON LANI NAME STREET ADDRESS STREET ADDRESS 4207 WILLOW PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL. 32835 TITLE VD □ Delete TITLE VD XI Change ☐ Addition NAME MACLEOD MARGARITA NAME HENDERSON NORMAN STREET ADDRESS 8693 LALISTA CT STREET ADDRESS 210A PERTH LANE CITY-ST-ZIP WINTER SPINGS ORLANDO \mathbf{FL} 32825 CITY-ST-ZIP FL, 32708 TITLE PD □ Delete TITLE PD X Change Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

5501 KINGSWOOD DR

ZWIEFEL

ORLANDO

ROBERT B. JONES

GERALDINE M

 \mathbf{FL} 32810

D

ZWIEFEL

ORLANDO

7521 LOVELY LANE

03/29/2001

32810

GERALDINE M

CR2E037 (11/00)

RELDA JANE COOKE, D 1329 SOUTH KIRKMAN ROAD APT. 1126 ORLANDO, FL 32811

KERRY MCRAE, SD 430 TERRACE DRIVE

OVIEDO, FL 32765