


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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90184 038 \*\*\*\*61.25

**DOCUMENT # N34160**

1. Entity Name  
**FIRST CHURCH OF RELIGIOUS SCIENCE OF ORLANDO, FL  
ORIDA, INC.**



Principal Place of Business      Mailing Address  
**709 EDGEWATER DR.  
ORLANDO FL 32804  
US**      **709 EDGEWATER DR  
ORLANDO FL 32804**

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 **59-1031400**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**WYNNE-HAMPTON, LANI  
4207 WILLOW PARK DRIVE  
ORLANDO FL 32835**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RICHBART, DAVID</b>	
STREET ADDRESS	<b>1628 HAVEN DRIVE #B</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, KENNETH</b>	
STREET ADDRESS	<b>8338 GANDY WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WYNNE-HAMPTON, LANI</b>	
STREET ADDRESS	<b>4207 WILLOW PARK DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOTTON, DONALD E</b>	
STREET ADDRESS	<b>4108 FLORALWOOD COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 23812</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH-PERSONS, VICKIE</b>	
STREET ADDRESS	<b>320 W. MICHIGAN STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JONES, ROBERT B</b>	
STREET ADDRESS	<b>2823 E MICHIGAN STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEES, WILLIAM E.</b>	
STREET ADDRESS	<b>4207 Willow Park Dr</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32835</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sherman-Miller, Renee</b>	
STREET ADDRESS	<b>1215 Marie Ave</b>	
CITY-ST-ZIP	<b>Apopka, FL 32708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EMANUEL MARY</b>	
STREET ADDRESS	<b>126 N. Shadow Bay Dr.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32825</b>	

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: *Lani Wynne Hampton*      4/16/03      407-423-5571

CR2E037 (10/02)