

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 27, 2001 8:00 am
Secretary of State

01-30-2001 90029 031 ****61.25

DOCUMENT # N97000005048

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, DELRAY BEACH,

Principal Place of Business

Mailing Address

200 S.E. 7TH AVENUE
 DELRAY BEACH FL 33483

200 S.E. 7TH AVENUE
 DELRAY BEACH FL 33483

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

59-0911445

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

HARRIS, JEAN S
1402 SW 27TH AVE.
BOYNTON BEACH FL 33426-8045

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	D	<input checked="" type="checkbox"/> Delete
NAME	PEASLEE, PATRICIA G	
STREET ADDRESS	820 TANGERINE WAY	
CITY-ST-ZIP	GULF STREAM FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUGH, ELIZABETH A	
STREET ADDRESS	4475 N. OCEAN BLVD. #405	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	T	<input type="checkbox"/> Delete
NAME	RYSER, JANE O	
STREET ADDRESS	200 MACFARLANE DR. #802	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, JEAN S.	
STREET ADDRESS	1402 SW 27TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426-8045	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELWORTHY, FRED M	
STREET ADDRESS	955 GREENSWARD LN.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Bryant	
STREET ADDRESS	P.O. Box 131	
CITY-ST-ZIP	DeLray Beach, FL 33447	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCES WANN	
STREET ADDRESS	2909 S. Ocean Blvd. 1B	
CITY-ST-ZIP	Highland Beach FL 33487	
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		

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 S. Harris **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 561-278-0901
 Daytime Phone #

CR2E037 (10/00)