

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90010 036 ****61.25

DOCUMENT # 771274

1. Entity Name
RELIGIOUS SCIENCE CHURCH OF MARION COUNTY AND SC

Principal Place of Business Mailing Address
 1009 N.E. 28TH AVENUE 1009 N.E. 28TH AVENUE
 Ocala FL 34470 Ocala FL 34470
 US US

DU106510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-2414466 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 Rev. Ron Urban
 1009 N.E. 28TH AVE.
 Ocala FL 34470

7. Name and Address of New Registered Agent
 Name: **Rev. Margaret C. Hostetler**
 Street Address (P.O. Box Number is Not Acceptable): **1009 N.E. 28th Ave.**
 City: **Ocala** State: **FL** Zip Code: **34470**

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: **Rev. Margaret C. Hostetler** DATE: **September 8, 2000**
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
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ROBINSON, ANN 5053-B NW CITY., HWY. 225-A OCALA FL 34482	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARION LONG 233 SW 8TH ST OCALA FL 34474	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA REED 3323 NE 14TH ST A10 OCALA FL 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAULA BYFIELD 3 OAK CT PASS OCALA FL 34472	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President of Board Linda Reed 3323 N.E. 14th St., A10 Ocala, Fl. 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. of Board Paula Byfield 12320 S.W. 71st Ln. Rd. Ocala, Fl. 34478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary of Board Helenea Cavuoti 1755 S.W. 108th Ln. Apt. 4 Ocala, Fl. 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer of Board Nick George 4421 NE 11th St. Ocala, Fl. 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member of Board Howard Hrobak 12320 S.W. 71st Ln. Red. Ocala, Fl. 34478	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member of Board Rev. Peggy Hostetler 15150 N.E. 216th Ct. Ft. McCoy, Fl. 32134	<input type="checkbox"/> Change <input checked="" 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: **Margaret C. Hostetler** Date: **9/8/00** Daytime Phone #: **352-629-3897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)