FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729198 (2)

1. Corporation Name

RELIGIOUS SCIENCE OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
13631 168TH PL N JUPITER FL 33478 US	P.O. BOX 33114 PALM BEACH GARDENS, FL 33420-3114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1531254 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JORDAN,III,EMORY C.
2601 TENTH AVENUE NO.
LAKE WORTH FL FL 33461

10. Name and Address of New Registered Agent

81 Name: Julie Jones, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 291 Maplecrest Circle
83
84 City: Jupiter FL 85 Zip Code: 33458

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Julie Jones, CPA — 4.25.95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	D	☑ Change ☐ Addition
NAME	PUHR, GARY	1.2 NAME	Dr. Allan Jacobs	
STREET ADDRESS	12096 169TH CT N	1.3 STREET ADDRESS	16780 Temple Blvd.	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE	DT	2.1 TITLE	Secretary/Treasurer	☑ Change ☐ Addition
NAME	FISCHER, SUE	2.2 NAME	Carol Erdek	
STREET ADDRESS	11360 WINCHESTER DR	2.3 STREET ADDRESS	4332 Crestdale St.	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	PRATT, YVONNE	3.2 NAME	Sonia Bunch	
STREET ADDRESS	905 TALL PINES RD	3.3 STREET ADDRESS	1201 US Hwy #1, #128	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	BUSSO, PAT	4.2 NAME	Sharon Dagarlais	
STREET ADDRESS	7600 CLARK RD	4.3 STREET ADDRESS	7528 Eagle Lake Drive	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE	D	5.1 TITLE	VP	☑ Change ☐ Addition
NAME	TAIT, IRENE	5.2 NAME		
STREET ADDRESS	725 FLAMINGO DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE		☐ Change ☐ Addition
NAME	RODBER, JOHN	6.2 NAME		
STREET ADDRESS	13631 168TH PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004510