

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90240 048 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 729198

1. Corporation Name

RELIGIOUS SCIENCE OF THE PALM BEACHES, INC.

Principal Place of Business

13831 188TH PL N
JUPITER FL 33478
US

Mailing Address

P.O. BOX 33114
PALM BEACH GARDENS, FL 33420-3114

2 2 4 4 1 2 *
224412 - 90240 - 48



| | | |
|---|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 03/28/1974 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip Country | 28 Zip Country | 59-1531254 |
| 24 | 29 | 30 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

RODBER, JANE E.
13831 188TH PLACE NORTH
JUPITER FL 33478

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jane E. Rodber

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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | QUEST, DON | 1.2 NAME | |
| STREET ADDRESS | 320 KELSEY PARK CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 1.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENNETT, CANDACE | 2.2 NAME | |
| STREET ADDRESS | 320 KELSEY PARK CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STACKMAN, JACKIE | 3.2 NAME | |
| STREET ADDRESS | 500 EXECUTIVE COURT DRIVE, #K-3 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 3.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODBER, JANE | 4.2 NAME | |
| STREET ADDRESS | 13831 188TH PLACE NORTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 4.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODBER, JOHN | 5.2 NAME | |
| STREET ADDRESS | 13831 188TH PLACE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RASP, BARBARA | 6.2 NAME | |
| STREET ADDRESS | 1703 WATERVIEW CIRCLE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM SPRINGS FL 33461 | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99 575 9050

Date

Daytime Phone #

CR2E037 (11/98)