

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

0080732

DOCUMENT # 729198

1: Entity Name

RELIGIOUS SCIENCE OF THE PALM BEACHES, INC.



FILED

03 MAY -2 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3970 RCA BLVD
SUITE 7016
WEST PALM BEACH FL 33410
US

Mailing Address

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



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

11380 PROSPERITY FARMS RD 691 SNEAD CIR.

3. Mailing Address

Suite, Apt. #, etc.

#113

City & State

Palm BEACH GARDENS, FL W. PALM BEACH, FL

City & State

Palm BEACH, FL

Zip

33420

Country

USA

Zip

33413-1250

Country

USA

4. FEI Number 59-1531254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCHMAN, SANDRA
691 SNEAD CIR
WEST PALM BEACH FL 33413-1250

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

Sandra J Marchman

4/30/03

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 VPD
NAME JACOBS, DR ALLAN
STREET ADDRESS PO BOX 1224
CITY-ST-ZIP LOXAHATCHEE FL ☐ Delete

TITLE PD
NAME MARCHMAN, SANDRA J
STREET ADDRESS 691 SNEAD CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33413-1250 ☐ Delete

TITLE D
NAME BARRERA, LYDA
STREET ADDRESS 11691 BANYAN DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33410-2601 ☐ Delete

TITLE STD
NAME MARCHMAN, JENNIFER C
STREET ADDRESS 5190 KIM COURT
CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete

TITLE D
NAME MANGELSEN, LEE
STREET ADDRESS 322 MAPLE CREST CIRCLE
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 05/02/03--01091--027 **\$61.25
CITY-ST-ZIP 500017914795
05/02/03--01091--027 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Sandra J Marchman

4/30/03

561-683-3564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)