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

RELIGIOUS SCIENCE OF THE PALM BEACHES, INC. OR HAY - 2 PH 2: 02 SECRETARY OF STATE DALLAHANSEE FLORIDA PALM BEACH R. 38410 SECRETARY OF STATE DALLAHANSEE FLORIDA	OI.	AILOUM DOSINS	S NEFUNI	Į	DN)				
RELIGIOUS SCIENCE OF THE PALM BEACHES, INC. D3 HAY -2 PH 2: 02 SECRETARY OF STATE FALL HAVESEE, FLORIDA Making Address 80 ROR BLVD PALM BEACH R. 38410 PALM BEACH GARDENS R. 3840091M SET PALM BEACH R. 38410 Suite, Agt. 9, did. Suite,	DOCUMENT # 729198 1: Entity Name RELIGIOUS SCIENCE OF THE PALM BEACHES, INC.					FILED 03 HAY -2 PM 2: 02			
POL BOX 2014 PALM BEACH FL 3340 SE PRINCIPLE PRICE PLOS PERTY FARING RD SUBJECT FOR THE PALM BEACH GARDENS, FL 3340-3914 SUPER ADD. # etc. CHECK HERE IF MAKING CHANGES FL 3340-3914 SUPER ADD. # etc. CHECK HERE IF MAKING CHANGES FL 3340-3914 SUPER ADD. # etc. CHECK HERE IF MAKING CHANGES FL 3341-32 SUBJECT FOR THE PALM BEACH FL 3									
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Applied For Number 59-1531254	11380 PROSPERIM FARMS RD 691 SNEAD (IR.	-			
County AL County	井/13						HECK HERE IF MAK	ING CHANGES	
6. Name and Address of Current Registered Agent MARCHMAN, SANDRA 693 SNEAD CIR MARCHMAN, SANDRA 693 SNEAD CIR WEST PALM BEACH R. 33413-1250 City FL Zip Coon Make Check Payable to Florida. I am lamillar with, and accept repaired segment, or both, in the State of Florida. I am lamillar with, and accept repaired segment, or both, in the State of Florida. I am lamillar with, and accept repaired segment of repaired agent, or both, in the State of Florida. I am lamillar with, and accept repaired segment or repaired agent, or both, in the State of Florida. I am lamillar with, and accept repaired segment or repaired agent, or both, in the State of Florida. I am lamillar with, and accept repaired segment or repaired agent, or both, in the State of Florida. I am lamillar with, and accept repaired segment or repaired agent, or both, in the State of Florida. I am lamillar with, and accept repaired segment or repaired agent, or both, in the State of Florida. I am lamillar with, and accept repaired segment or repaired agent, or both, in the State of Florida. I am lamillar with, and accept repaired segment or repaired agent, or both, in the State of Florida. I am lamillar with, and accept repaired segment or repaired agent, or both, in the State of Florida	PALM BEACH GARDENS, PW. PALM BE				CH, FC				
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MARCHMAN, SANDRA 691 SNEAD CIR WEST PALM BEACH FL 33413-1250 City FL Zip Code City City FL Zip Code City City FL Zip Code City		6. Name and Address of Current R	egistered Agent		Name	7. Name and Addr	ess of New Register	ed Agent	
SSH SNEAD CIR WEST PALM BEACH FL 33413-1250 City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE AGENT TO THE MARK THE PROPERTY OF THE	MADCHMAN CANDDA								
City FL Zip Code 1. 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. ### Addition to 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. ### Addition to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### Addition to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### Addition to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### Addition to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. ### Addition to the obligations of Florida agent	691 SNEAD CIR				Street Address (P.O. Box Number is Not Acceptable)				
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FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. O. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE WPD JACOBS, DR ALLAN MAKE JACOBS, DR ALLAN PO BOX 1224 LOXAHATCHEE FL OCTY-ST-ZIP MARCHMAN, SANDRA J 681 SNEAD CIRCLE WEST PALM BEACH FL 33413-1250 TITLE MAKE BARRERA, L'TOA TIRET ADDRESS TITLE STITLE MARCHMAN, JENNIFER C TITLE MARCHM			he purpose of changing its re	egistere	d office or register	red agent, or both, in t	ne State of Florida. Ta	am familiar with,	and accept
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2. 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	CITY-ST-ZIP	<u> </u>		1					

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.

GNATURE:

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SIGNATURE:

4/30/03 561-683-3564