

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 732892

1. Entity Name
SCIENCE OF LIFE, THE PROSPERITY CHURCH, INC



Principal Place of Business
**1300 NW 15TH AVE
7
BOCA RATON, FL 33486**

Mailing Address
**1300 NW 15TH AVE
7
BOCA RATON, FL 33486**

FILED

08 MAY -7 AM 11:22

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



05052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1682447

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALIN, TAD SR
1300 NW 15TH AVE
7
BOCA RATON, FL 33486**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GALIN, TAD SR
STREET ADDRESS 1300 NW 15TH AVE #7
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE V
NAME GALIN, JUNE
STREET ADDRESS 1300 NW 15TH AVE #7
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE CEO
NAME GALIN, TAD JR
STREET ADDRESS 332 NW 6TH AVE
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ST
NAME GALIN, ANNE
STREET ADDRESS 5510 W 54TH ST
CITY-ST-ZIP PARMA, OH 44129

TITLE GM
NAME GILEAD, JOSEPH
STREET ADDRESS 1300 NW 15TH AVE #7
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE S
NAME GALIN, DONNA
STREET ADDRESS 332 NW 6TH AVE
CITY-ST-ZIP BOCA RATON, FL 33432

Handwritten signature

600129439026
05/14/08--01009--023 **61.25

**DO NOT WRITE
IN THIS SPACE**

600129439026
05/14/08--01009--024 **8.75

600129439026
05/14/08--01009--025 **5.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tad Galin Sr. TAD GALIN SR. 5-6-08 561-362-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #