09161999-90008-045-$70.00-$70.00

AMOUNT DUE ON OR BEFORE 05/1999: $61.25 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500.00

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 27 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766705

1. Corporation Name
~~FT. MYERS~~ CHURCH OF RELIGIOUS SCIENCE, INC.
Naples
DBA Esprit Center for Inspired Living

Principal Place of Business
2056 LINHART AVENUE
FORT MYERS FL 33901

Mailing Address
2056 LINHART AVENUE
FORT MYERS FL 33901

9/16/99 90008 045 #70.00

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 PO Box 110185 | 2a. Mailing Address<br>26 PO Box 110185 | 3. Date Incorporated or Qualified<br>01/26/1963 | |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2337696 | Applied For<br>Not Applicable |
| City & State<br>23 Naples FL | City & State<br>28 Naples FL | 5. Certificate of Status Desired ☒ | $8.75 Additional Fee Required |
| Zip / Country<br>24 34108 25 USA | Zip / Country<br>29 34108 30 USA | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

BURNS, MELANIE
2047 LINHART AVENUE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

31 Name: Burns Melanie
32 Street Address (P.O. Box Number is Not Acceptable): 15161 Cedarwood La #1301
33
34 City: Naples FL 35 Zip Code: 34110

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: Melanie Burns 9/9/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GROSOCH, MARJORIE<br>1081 PALM AVENUE<br>CAPE CORAL FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ~~T~~<br>~~Linda Blohm~~ | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>GREER, CHARLES<br>7238 HENDRY CREEK DRIVE<br>FT. MYERS FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | TT<br>Sally Jenkins<br>15161 Cedarwood La 1301<br>Naples, FL 34110 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>BURNS, MELANIE<br>2047 KURTZ STREET<br>FT. MYERS FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | TS<br>Burns Melanie<br>15161 cedarwood La 1301<br>Naples, FL 34110 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WILKE, BOB<br>4318 PACIFIC CIRCLE<br>FT. MYERS FL | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SMITH, KATHY<br>306 CULTURAL PARK BLVD.<br>CAPE CORAL FL 33990 | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MADDEN, NEIL<br>22460 FOUNTAIN LAKES<br>ESTERO FL 33928 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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: /S/ Catherine Reynolds REQUIRED 8/9/99 941 5968826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)

KE