03041999-90021-011-$61.25-$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90021 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # F92000000819

1. Corporation Name

~~UNITED STATES RAELIAN MOVEMENT CORPORATION~~
RAELIAN RELIGION CORPORATION

Principal Place of Business	Mailing Address
21241 NE 3RD COURT N. MIAMI BEACH FL 33179 US	P.O. BOX 611793 N. MIAMI FL 33261 US

2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 12/22/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE 65-0396678 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CLARK, ALEXANDER
~~707 SE 3RD AVE.~~
~~SUITE 500~~
~~FT. LAUDERDALE FL 33302~~

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2629 NE 26 TERRACE
83
84 City: LIGHT HOUSE POINT FL 85 Zip Code: 33064

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	SAME	☒ Change ☐ Addition
NAME	RICKY LEE ROEHR		1.2 NAME	SAME	
STREET ADDRESS	~~4416 CLIPPERTON AVE~~		1.3 STREET ADDRESS	3279 CASEY DRIVE, #103	
CITY-ST-ZIP	~~HENDERSON NV 89014~~		1.4 CITY-ST-ZIP	LAS VEGAS, NV 89120	
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PARENT, MARIE-HELENE		2.2 NAME		
STREET ADDRESS	19860 NE 24 CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DONNA NEWMAN		3.2 NAME		
STREET ADDRESS	510 NE 199TH LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PARENT, GENEVIEVE		4.2 NAME		
STREET ADDRESS	21241 NE 3RD COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: GENEVIEVE PARENT SIGNATURE REQUIRED 2/12/99 (305)936-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #