

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004135

FILED
Jan 11, 2006
Secretary of State

Entity Name: RELIGIOUS SCIENCE OF SARASOTA, INC.

Current Principal Place of Business:

3440 EL RADO CT
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

3440 EL RADO CT
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 55-0789277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFSON, KAREN
3440 EL RADO CT
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLFSON, KAREN
Address: 3440 EL RADO CT
City-St-Zip: SARASOTA, FL 34232

Title: S () Delete
Name: LEWIS, DEBRA
Address: 3888 PRUDENCE DR.
City-St-Zip: SARASOTA, FL 34235

Title: T () Delete
Name: JOHNSON, LINDA L
Address: 5423 ANTOINETTE ST
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: MENDENHALL, HARRY
Address: 3728 72 AVE E
City-St-Zip: SARASOTA, FL 34243

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LEWIS, DEBRA
Address: 8286 SILVER BIRCH WAY
City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GROVE, JIM
Address: 3732 TORREY PINES WAY
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN WOLFSON

P

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date