

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90031 035 ****70.00

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1. Entity Name
TAMPA BAY CENTER OF RELIGIOUS SCIENCE, INC.



Principal Place of Business
4600 E BUSCH BLVD.
TAMPA, FL 33617 US

Mailing Address
4600 E BUSCH BLVD.
TAMPA, FL 33617 US

50059167



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06292005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2594430

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ACKERMAN, NICHIA C REV.
4600 E. BUSCH BLVD.
TAMPA, FL 33617**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
GIESLER, JEANIE
4600 E BUSCH BLVD
TAMPA, FL 33617** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD Corporate Secy
COLMAN-ACKERMAN, NICHIA REV.
4600 E BUSCH BLVD.
TAMPA, FL 33617** ☒ Delete *Include*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
ESCOBAR, ELAINE
2500 BAY SHORE
TAMPA, FL 33629** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Margie Jenkins
4600 E Busch Blvd
TAMPA, FL 33617** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
JUDITH MAYER
4600 E Busch Blvd
TAMPA, FL 33617** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Patricia Zion Secy
4600 E Busch Blvd
TAMPA, FL 33617** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Building Chair
DAN MARD
4600 E Busch Blvd
TAMPA, FL 33617** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Membership Core Chair
ANNA LYTON
4600 E Busch Blvd
TAMPA, FL 33617** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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 817, 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 officers empowered.

SIGNATURE:

[Signature]
Typed or printed name of signing officer or director

Rev. Nichia Colman Ackerman
Date

*7-28-05 813
9852428*
Daytime Phone #