FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747958 (7)

1. Corporation Name

CHURCH OF RELIGIOUS SCIENCE OF BOCA RATON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~2 SW 12 AVENUE~~	~~2 SW 12 AVENUE~~
~~P.O. BOX 7155~~	~~P.O. BOX 7155~~
~~BOCA RATON FL 33486~~	~~BOCA RATON FL 33486~~

3. Date Incorporated or Qualified: 07/05/1979
3a. Date of Last Report: 04/22/1994
4. FEI Number: 94-2779258 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2 SW 12TH AVENUE	26 2 SW 12TH AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip 24 33486 Country 25	Zip 29 33486 Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ELLISON, MARIA ELENA~~	81 Name GAFFNEY, BARBARA LUNDE (TP)
~~875 AURELIA STREET~~	82 Street Address (P.O. Box Number is Not Acceptable) 150 NW 70TH STREET #201
~~BOCA RATON FL 33486~~	83
	84 City BOCA RATON FL 85 Zip Code 33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Barbara Lunde Gaffney — 4/26/95
Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~TP~~	1.1 TITLE	T	☒ Change ☐ Addition
NAME	~~GAFFNEY, BARBARA LUNDE~~	1.2 NAME	MONTROSE, STEVEN	
STREET ADDRESS	~~150 N.W. 70TH ST #201~~	1.3 STREET ADDRESS	19446 WATERS REACH LANE	
CITY-ST-ZIP	~~BOCA RATON FL~~	1.4 CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	BONDARENKO, HENRY	2.2 NAME		
STREET ADDRESS	9680 RICHMOND CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	TT	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSENBAUM, JERRY	3.2 NAME		
STREET ADDRESS	23144 POST GARDENS WAY, STE. 508	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE	ST	☒ Change ☐ Addition
NAME	~~FEO, PATRICIA~~	4.2 NAME	LYNN, DOROTHY	
STREET ADDRESS	~~6018 NW 15 MANOR~~	4.3 STREET ADDRESS	6840 TOWN HARBOR BLVD #3424	
CITY-ST-ZIP	~~PLANTATION FL~~	4.4 CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	TIERNAN, PETER B	5.2 NAME		
STREET ADDRESS	6361 NW 18 STR	5.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP		
TITLE	VT	6.1 TITLE		☐ Change ☐ Addition
NAME	ZALOG, JANET C	6.2 NAME		
STREET ADDRESS	1299 SW 14 STR	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Barbara Lunde Gaffney — 4/26/95 — 407 368-8248
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0081747