

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 747958

1. Corporation Name

CHURCH OF RELIGIOUS SCIENCE OF BOCA RATON, INC.

Principal Place of Business

2 SW 12TH AVENUE
BOCA RATON FL 33486
US

Mailing Address

2 SW 12TH AVENUE
BOCA RATON FL 33486
US

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90232 040 ****61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/05/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		94-2779258	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

GAFFNEY, BARBARA L.
23335 WATER CIRCLE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 Barbara L. Gaffney DATE 4/14/99
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	PT	1.1 TITLE	VP
NAME	BARBARA L GAFFNEY	1.2 NAME	LUISA KUZMA
STREET ADDRESS	23335 WATER CIRCLE	1.3 STREET ADDRESS	10760 AVENIDA SANTA ANA
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	ST	2.1 TITLE	T
NAME	ANNETTE JACKSON	2.2 NAME	CAROL TERKEN
STREET ADDRESS	3114 S OCEAN BLVD., #410	2.3 STREET ADDRESS	2090 WOLVERTON E
CITY-ST-ZIP	HIGHLAND BEACH FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	TT	3.1 TITLE	T
NAME	ROSENBAUM, JERRY	3.2 NAME	DON MC ART
STREET ADDRESS	6030 S VERDE TRAIL, #202	3.3 STREET ADDRESS	667 FORSYTH STREET
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	T	4.1 TITLE	
NAME	LUDE, DOROTHY	4.2 NAME	
STREET ADDRESS	23335 WATER CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	VELEAS, DEAN	5.2 NAME	
STREET ADDRESS	1100 N RIVER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VE T	6.1 TITLE	
NAME	CONNER, JEANNE	6.2 NAME	
STREET ADDRESS	9 GABLES BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	

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: Barbara L. Gaffney DATE 4/14/99 561-368-8248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)