

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
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DOCUMENT # F92000000819

1. Corporation Name

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

Principal Place of Business

 21241 NE 3RD COURT
 N. MIAMI BEACH FL 33179
 US

Mailing Address

 P.O. BOX 611793
 N. MIAMI FL 33261
 US


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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	SAME
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 89044	1.4 CITY-ST-ZIP	LAS VEGAS, NV 89120
TITLE	DVP	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: GENEVIEVE PARENT (REQUIRED) 2/12/99 (305) 936-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)