

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004135

**Entity Name:** RELIGIOUS SCIENCE OF SARASOTA, INC.

**Current Principal Place of Business:**

3440 EL RADO CT.  
SARASOTA, FL 34232

**Current Mailing Address:**

3440 EL RADO CT.  
SARASOTA, FL 34232

**FEI Number: 55-0789277**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*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: KAREN WOLFSON**

**03/21/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name WOLFSON, KAREN REV.  
Address 3440 EL RADO CT.  
City-State-Zip: SARASOTA FL 34232

Title TREASURER  
Name POULTON, ALAN  
Address 6510-200TH ST. E.  
City-State-Zip: BRADENTON FL 34211

Title VP  
Name FRANKART, KATHLEEN  
Address 1700 BENJAMIN FRANKLIN DR.  
#9D  
City-State-Zip: SARASOTA FL 34236

Title SECRETARY  
Name HARDY, LATANYA  
Address 2989 ROCKWOOD COVE  
City-State-Zip: SARASOTA FL 34234

Title TRUSTEE  
Name ALIE, LAURA  
Address 6740 KEYSTONE DRIVE  
City-State-Zip: SARASOTA FL 34231

Title TRUSTEE  
Name DAY, ROBERT  
Address 3732 TORREY PINES WAY  
City-State-Zip: SARASOTA FL 34238

*I hereby 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 all other like empowered.*

**SIGNATURE: REV. KAREN WOLFSON**

**PRESIDENT**

**03/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date