

**2022 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

02/02/2022

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 MOORE, ANN K  
Address 16913 CLEARLAKE AVE.  
City-State-Zip: LAKEWOOD RANCH FL 34202

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

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

Title TRUSTEE  
Name BOUVERAT, DAVID  
Address 15109 VIVALDI DR NOKOMIS  
City-State-Zip: NOKOMIS FL 34275

Title TRUSTEE  
Name DAVIS, SUSAN  
Address 477 MCKINLEY DRIVE  
City-State-Zip: SARASOTA, FL FL 34236-2119

*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:** KAREN J WOLFSON

REVEREND

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date