2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Nov 14, 2006 **DOCUMENT# 700353** Secretary of State

Entity Name: FIRST CHURCH OF RELIGIOUS SCIENCE, INC.

Current Principal Place of Business: New Principal Place of Business:

1550 N.E. 26TH ST WILTON MANORS, FL 33305

Current Mailing Address: New Mailing Address:

1550 N.E. 26TH ST WILTON MANORS, FL 33305

FEI Number: 59-1027751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BUMP, ARLEEN 2695 NW 122ND AVE CORAL SPRINGS, FL 33065 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BUMP, ARLEEN BUMP, ARLEEN Name: Name: 2695 NW 122ND AVE Address: 2695 NW 122ND AVE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete Title: () Change () Addition Name: CONLEY, DONNA Name: Address: 6711 NW 23RD TERR Address: City-St-Zip: FORT LAUDERALE, FL 33309 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

KASTEN, MICHAEL Name: GEDDES, CHARLES Name: 1409 NE 16TH CT Address: Address: 1550 NE 26TH ST

City-St-Zip: WILTON MANORS, FL 33305 City-St-Zip: WILTON MANORS, FL 33305

Title: () Delete Title: () Change () Addition

Name: FEGAN, PATRICIA Name: 3020 NE 5TH TERR Address: Address: City-St-Zip: WILTON MANORS, FL 33334 City-St-Zip:

Title: () Delete Title: () Change () Addition

SHAPSES, JOEL Name: Name: 2713 NE 15TH ST Address: Address: FORT LAUDERDALE, FL 33304 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition

CHU. ERNEST D Name: Name: Address: 1550 NE 26TH ST Address: WILTON MANORS, FL 33305 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARLEEN BUMP D 11/14/2006