

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717343 (8)
1. Corporation Name
MELBOURNE CHURCH OF RELIGIOUS SCIENCE INC.



Principal Place of Business 2008 PINEAPPLE AVE P O BOX 360-314 MELBOURNE FL 32935 US		Mailing Address P. O. BOX 361502 P O BOX 360-314 MELBOURNE FL 32936-1502 US		3. Date Incorporated or Qualified 10/14/1969	3a. Date of Last Report 03/28/1995
2. Principal Place of Business 21 3526 N. Harbor City Blvd.	2a. Mailing Address 26 P.O. Box 361502	4. FEI Number 23-7290512		Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 Melbourne FL	City & State 28 Melbourne FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 32935	Country 25 Brevard	Zip 29 32936-1502	Country 30 Brevard	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BRIMHALL, ALLAN F. 916 DORIA WAY MELBOURNE FL 32940				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL 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

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 D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TREMONT, HELEN C.		1.2 NAME	
STREET ADDRESS 501 OAKRIDGE DR.		1.3 STREET ADDRESS	
CITY-STATE-ZIP INDIALANTIC FL		1.4 CITY-STATE-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, MILDRED A.		2.2 NAME	Loretta L. Pyles
STREET ADDRESS 133 SE 1ST		2.3 STREET ADDRESS	335 Jacala Dr.
CITY-STATE-ZIP SATELLITE BEACH FL		2.4 CITY-STATE-ZIP	Merritt Island FL 32953
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIMHALL, ALLAN F.		3.2 NAME	
STREET ADDRESS 916 DORIA WAY		3.3 STREET ADDRESS	
CITY-STATE-ZIP MELBOURNE FL		3.4 CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JADASSOHN, LORINE R		4.2 NAME	
STREET ADDRESS 5190 PINAVISTA DRIVE		4.3 STREET ADDRESS	
CITY-STATE-ZIP MELBOURNE FL		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VD
STREET ADDRESS		5.3 STREET ADDRESS	Allan E. Stanley
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	1098 Adige Ct. S.E.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	S
STREET ADDRESS		6.3 STREET ADDRESS	John H. Loetterle
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	916 Doria Way
			Melbourne FL 32940

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Allan F. Brimhall* **Allan F. Brimhall** **2/6/96** **407-757-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)