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Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717343 (8)

1. Corporation Name
MELBOURNE CHURCH OF RELIGIOUS SCIENCE INC.



Principal Place of Business 3526 NORTH HARBOR CITY BLVD MELBOURNE FL 32935 US	Mailing Address P.O. BO 361502 MELBOURNE FL 32936-1502 US
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3. Date incorporated or Qualified 10/14/1969	
4. FEI Number 23-7290512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	NAME TREMONT, HELEN C.	DELETED <input type="checkbox"/>
STREET ADDRESS 601 OAKRIDGE DR.	CITY-ST-ZIP INDIALANTIC FL	
TITLE TD	NAME PYLES, LORETTA L.	DELETED <input type="checkbox"/>
STREET ADDRESS 835 JACALA DRIVE	CITY-ST-ZIP MERRITT ISLAND FL	
TITLE PD	NAME BRIMHALL, ALLAN F.	DELETED <input type="checkbox"/>
STREET ADDRESS 916 DORIA WAY	CITY-ST-ZIP MELBOURNE FL	
TITLE D	NAME JADASSOHN, LORINE R	DELETED <input type="checkbox"/>
STREET ADDRESS 5190 PINAVISTA DRIVE	CITY-ST-ZIP MELBOURNE FL	
TITLE VD	NAME STANLEY, ALLAN E.	DELETED <input type="checkbox"/>
STREET ADDRESS 1098 ADIGE COURT S.E.	CITY-ST-ZIP PALM BAY FL	
TITLE S	NAME LOETTERLE, JOHN H.	DELETED <input type="checkbox"/>
STREET ADDRESS 916 DORIA WAY	CITY-ST-ZIP MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME Judy G. Jones	
1.3 STREET ADDRESS 39001 1/2 N Hrbr Cty Blvd	
1.4 CITY-ST-ZIP Melbourne FL 32935	
2.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME Pyles, Loretta L.	
2.3 STREET ADDRESS 335 Jacala Drive	
2.4 CITY-ST-ZIP Merritt Island FL 32953	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **Allan F. Brimhall** *Allan F. Brimhall* February 11, 1998 (407) 257-9200

CR2E037 (10/97)