

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90166 003 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 717343**

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. BOX 361502  
 MELBOURNE FL 32936-1502  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2213 Highland AVE	26		10/14/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7290512	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired	
23	Melbourne/Brevard FL	28		<input type="checkbox"/>	\$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing	
24	32935	25	BREVARD	29	<input type="checkbox"/>
Country		Country		Trust Fund Contribution	
30		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRIMHALL, ALLAN F. 916 DORIA WAY MELBOURNE FL 32940				81 Name			
changed address only				82 Street Address (P.O. Box Number is Not Acceptable)			
				7814 Shadowood Dr #510			
				83			
				84 City West Melbourne FL			
				85 Zip Code 32904			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYLES, LORETTA L.	2.2 NAME	
STREET ADDRESS	335 JACALA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
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-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-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-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, ALLAN E.	5.2 NAME	
STREET ADDRESS	1098 ADIGE COURT S.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOETTERLE, JOHN H.	6.2 NAME	
STREET ADDRESS	916 DORIA WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	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, with all other like empowered.

SIGNATURE: ALLAN F. BRIMHALL **SIGNATURE REQUIRED** Date: April 9, 1999 Daytime Phone #: 407 757-9200

CR2E037 (1/98)