FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 717343

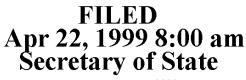
MELBOURNE CHURCH OF RELIGIOUS SCIENCE INC.

Principal Place of Business
3526 NORTH HARBOR CITY BLVD MELBOURNE FL 32935 US
Charle

BRIMHALL, ALLAN F.

Mailing Address

P.O. BO 361502 MELBOURNE FL 32936-1502



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charge	-	,				
2. Principal Place of Business 21 22/3 Highland QVE	2a. Mailing Address		ncorporated or Qualifed			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Number 7290512	⊢	Applied For Not Applicable	
City & State 23 Melbourne Brevar	City & State	5. Cert	tifcate of Status Desired		5 Additional Required	
Zip Country 24 32935 25 BR FVar			ction Campaign Financing St Fund Contribution		00 May Be ed to Fees	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
•		81 Nama				

Street Address (P.O. Box Number is Not Acceptable)
7814 Shadowood Da 916 DORIA WAY 83 **MELBOURNE FL 32940** City West Mel 84

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature requir		/ JDATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHAN	GES TO OFFICERS		
TITLE	D	☐ DELETE	1,1 TITLE		•	Change	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				
TILE	TD	DELETE	2.1 TITLE			Change	☐ Addition
NAME	PYLES, LORETTA L.	- `-	2.2 NAME		~ ~~	÷ -	į į
STREET ADDRESS	335 JACALA DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP				
TITLE	PD	DELETE	. 3.1 TITLE			Change	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	DELETE	4.1 TITLE			Change	☐ 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	DELETE	5.1 TITLE			☐ Change	Addition
NAME	STANLEY, ALLAN E.		5.2 NAME				
STREET ADDRESS	1098 ADIGE COURT S.E.	•	5.3 STREET ADDRESS				
CTTY-ST-ZIP	PALM BAY FL		5.4 CITY- ST-ZIP				
TITLE	S	DELETE	6.1 TITLE			Change	☐ Addition
NAME	LOETTERLE, JOHN H.		6.2 NAME				
STREET ADDRESS	are name to the	I	6.3 STREET ADDRESS				
	MEI DOLIDNE EI		6.4 CITY-ST-ZIP				İ

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: