## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 717818** Mar 19, 2007 08:00 AM 1. Enlity Name **Secretary of State** THE WINTER PARK CHURCH OF RELIGIOUS SCIENCE. Principal Place of Business Mailing Address 3425 FORSYTH RD. WINTER PARK FL 32792 3425 FORSYTH RD. WINTER PARK FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #. otc. 1st MOORE CR2E037 (10/06) City & State Applied For City & Stato 4. FEI Number 59-1681880 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GALLATIN, DOROTHY D. Street Address (P.O. Box Number is Not Acceptable) 630 STRATHMORE DRIVE ORLANDO FL 32803 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS 11. DTIE PD ☐ Delete THE Change ■ Addition NAMI. GALLATIN, REVEREND DOROT NAME STREET ADDRESS STREET ADDRESS 630 STRATHMORE DR CITY-ST-7IP CITY-ST-ZIP ORLANDO FL Change ■ Addition TITLE VTD ☐ Delete IIILE GALLATIN, SUSAN NAME NAME U00000673064 03/29/07-80014-007 61.25 STREET ADDRESS 5950 CYRILS DRIVE STREET ADDRESS CITY-ST-79P CITY - ST - ZIP SAINT CLOUD FL 34771 □ Delete ☐ Change Addition TIFLE SD TITLE NAME NAME PARRIS, PAM STREET ADDRESS STREET ADDRESS 3622 IBIS DR. CITY - ST- ZIP CITY-ST-7IP ORLANDO FL 32803 Addition Change TITLE ☐ Delete IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATUR