

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722708 (5)

1. Corporation Name

**ST. PETERSBURG CHURCH OF RELIGIOUS SCIENCE, INC.
OF ST. PETERSBURG, FLORIDA**

Principal Place of Business
**5200 - 29TH AVENUE NORTH
ST PETERSBURG FL 33710**

Mailing Address
**5200 - 29TH AVENUE NORTH
ST PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/17/1972

3a. Date of Last Report
04/27/1994

4. FEI Number
94-2835301

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PINKSTON, JOAN C.
5200 - 29TH AVENUE NORTH
ST PETERSBURG FL 33710**

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 607.0502 and 607.1508, 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 607.0505, 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

T
NAME **MATOS, CARMEN**
STREET ADDRESS **5997-38TH AVE, N**
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE **Tr** ☐ Change ☒ Addition
1.2 NAME **SHOEMAKER, MARJORIE**
1.3 STREET ADDRESS **7403 - 46TH AVENUE NORTH**
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

~~T~~
NAME ~~**LUCKIN, ROBERT**~~
STREET ADDRESS ~~**2641 44TH ST. N**~~
CITY-ST-ZIP ~~**ST. PETERSBURG FL**~~

2.1 TITLE **Tr** ☒ Change ☐ Addition
2.2 NAME **PARKER, JOHN**
2.3 STREET ADDRESS **215 OSCELA ROAD**
2.4 CITY-ST-ZIP **BELLEAIR, FL 34616**

VP
NAME **WAGNER, JUDITH**
STREET ADDRESS **2641 44TH ST., N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

~~T~~
NAME **ROBERTS, NORMA**
STREET ADDRESS **2005-12TH AVE, S.**
CITY-ST-ZIP **ST. PETERSBURG FL**

4.1 TITLE **Tr** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

S
NAME **ZEIGLER, CYNTHIA**
STREET ADDRESS **4127 53RD AVE., S**
CITY-ST-ZIP **ST. PETERSBURG FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

~~T~~
NAME **AVERY, DONNIE**
STREET ADDRESS **318 NORTH MAGNOLIA DR.**
CITY-ST-ZIP **OCALA FL**

6.1 TITLE **Tr** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cynthia D. Zeigler
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
CYNTHIA D. ZEIGLER

April 22, 1995 (813) 323-5278

Date

Telephone Number