

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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		3. Date Incorporated or Qualified 02/17/1972		3a. Date of Last Report 04/27/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 94-2835301		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Zip		25 Country		29 Zip		30 Country	
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP T MATOS, CARMEN <input type="checkbox"/> DELETE 5997-38TH AVE, N ST. PETERSBURG FL				1.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME TERRY HIPPS 1.3 STREET ADDRESS 6157 DARTMOUTH AVENUE NORTH 1.4 CITY-ST-ZIP ST PETERSBURG FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TR <input type="checkbox"/> DELETE PARKER, JOHN 215 OSCEOLA RD BELLEAIR FL				2.1 TITLE TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME MARK MCGEE 2.3 STREET ADDRESS PO BOX 21547 2.4 CITY-ST-ZIP ST PETERSBURG FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP <input type="checkbox"/> DELETE WAGNER, JUDITH 2641 44TH ST, N ST. PETERSBURG FL				3.1 TITLE TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Wagner JUDITH 3.3 STREET ADDRESS 2641 44th ST N 3.4 CITY-ST-ZIP ST PETERSBURG FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TR <input checked="" type="checkbox"/> DELETE ROBERTS, NORMA 2005 12TH AVE, S ST. PETERSBURG FL				4.1 TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME JOHN PARKER 4.3 STREET ADDRESS 215 OSCEOLA RD 4.4 CITY-ST-ZIP BELLEAIR FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP S <input checked="" type="checkbox"/> DELETE ZEIGLER, CYNTHIA 4127 63RD AVE, S ST. PETERSBURG FL				5.1 TITLE TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME MARTORIE SHOEMAKER 5.3 STREET ADDRESS 7403 46th Avenue North #311 5.4 CITY-ST-ZIP ST PETERSBURG FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TR <input type="checkbox"/> DELETE AVERY, DONNIE 316 NORTH MAGNOLIA DR. OCALA FL				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

SIGNATURE:

APRIL 14 1996 (813) 323-5278

Date _____ Daytime Phone # _____

CR2E037 (12/95)