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FILED

May 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

5200 - 29TH AVENUE NORTH
ST PETERSBURG FL 337105200 - 29TH AVENUE NORTH
ST PETERSBURG FL 33710-3402

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/17/1972

3a. Date of Last Report

04/18/1996

4. FEI Number

94-2835301

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/97

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MATOS, CARMEN	
STREET ADDRESS	5997-38TH AVE, N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HIPPS, TERRY	
STREET ADDRESS	6157 DARTMOUTH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MC GEE, MARK	
STREET ADDRESS	P.O. BOX 21547 NA	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, NORMA	
STREET ADDRESS	2005-12TH AVE, S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	SHOEMAKER, MARJORIE	
STREET ADDRESS	7403 46TH AVENUE NORTH #311	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	AVERY, DONNIE	
STREET ADDRESS	316 NORTH MAGNOLIA DR.	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	PARKER, JOHN
4.4 CITY-ST-ZIP	215 OSCEOLA ROAD BELLEAIR, FL 34616
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TR
6.3 STREET ADDRESS	BOLINGER, TERI
6.4 CITY-ST-ZIP	8206 60TH ST. CIRCLE E. #1201 SARASOTA, FL #808#

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050781

CR2E037 (9/96)