

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **729198** (2)
1. Corporation Name
RELIGIOUS SCIENCE OF THE PALM BEACHES, INC.



Principal Place of Business: 13831 188TH PL N, JUPITER FL 33478 US
Mailing Address: P.O. BOX 33114, PALM BEACH GARDENS, FL 33420-3114

3. Date incorporated or Qualified: **03/28/1974**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1531254**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
~~JONES, JULIE C
291 MAPLECREST CIRCLE
JUPITER FL 33458~~

10. Name and Address of New Registered Agent
81 Name: Jane E Rodber
82 Street Address (P.O. Box Number is Not Acceptable): 13831 188th Place, North
83 City: Jupiter FL 85 Zip Code: 33478

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: Jane E Rodber Jane E Rodber 3-10-96
Signature and typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, DR. ALLAN	
STREET ADDRESS	16780 TEMPLE BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ERDEK, CAROL	
STREET ADDRESS	4332 CRESTDALE ST.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUNCH, SONIA	
STREET ADDRESS	1201 US HWY 1, #128	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEGARLAIS, SHARON	
STREET ADDRESS	5528 EAGLELAKE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TAIT, IRENE	
STREET ADDRESS	725 FLAMINGO DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RODBER, JOHN	
STREET ADDRESS	13831 188TH PLACE	
CITY-ST-ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VP Rodber, Jane
53 STREET ADDRESS	13831 188th Place, North
54 CITY-ST-ZIP	Jupiter FL 33478
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane E Rodber Jane E Rodber (305) 691 0024
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)