FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCU 1. Corporation	MENT # 729198	3 (2)	_				
RELIGIOUS SCIENCE OF THE PALM BEACHES, INC.					E ARBITA HARAT PERIS DEPUT HARA TOTAL COM DIVINI A LEGA BIRA) BURAL DIREC DESA ELEGA ERA		
Principal Place of Business Mailing Address							
13831 1887H PL N P.O. BOX 33114 JUPITER FL 33478 PALM BEACH GARDENS. FL 33420-31 US				1			
					3. Date Incorporated or Qualified 03/28/1974	3a. Date of Las 03/15/	t Report 1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							Not Applicable
Suite, Apt.	. #, Olc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required	
City & Stat	te	City & State		6. Election Campaign Financing		00 May Be	
23 Zip	p Country Zip			Trust Fund Contribution A Country 8, This corporation has liability for intangible tax ur		1,000	ed to Fees
24	25 29 30						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				Name			ĺ
RODBER, JANE E. 13831 188TH PLACE NORTH			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
JUPITER FL 83478							
			84	City		FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	s, the abov	e-named cor	poration submits this statement for the po		g its registered
agent. I s	registered agent, or both, in the State of im familiar with, and accept the obliga	or Florida. Such change was at tions of Section 617.0503, Flori	ida Statute	y ine corpora s.	rporation submits this statement for the pation's board of directors. I hereby accep		as registered
SIGNATURE	Bignature yped or printed name of registered egen	l and little K annicable (NOTE:	Registered Age	eni sionalure reo	Jired when reinstating)	-2.97 DATE	
12.	OFFICERS AND		13.	on signotore requ	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	D	DELETÉ 1.11		TTITLE Chang		e Addition	
NAME	JACOBS, DR. ALLAN		1.2 NAME]:
STREET ADDRESS			1.3 STREET ADDRESS				li li
CITY-ST-ZIP			1.4 CITY - S	ST-ZIP	<u> </u>	F1 05	. – – kasett - (
TITLE	ST CADOL	["] OFFEIR	2.1 TITLE	. 1		L Chang	je 🔲 Addition 1
NAME STREET ADDRESS			2.2 NAME	ADOBCCO			1
CITY-ST-ZIP	DALLA DELCHI CADDENIA CI		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP				İ
TITLE			3.1 TITLE	31-211		Chang	e Addition
NAME	BUNCH, SONIA		3.2 NAME				
STREET ADDRESS	1201 US HWY 1, #128		3.3 STREET	ADDRESS			Ì
CITY-ST-ZIP	NORTH PALM BEACH FL 3		3.4. CITY-1	ST-ZIP			
TITLE	VP	☐ DELETE	4.1 TITLE			☐ Chang	e 🔲 Addition
NAME	RODBER, JANE		4. 2 NAME	- [Į.
STREET ADDRESS	13831 188TH PLACE NORTH		4.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL	Doubte	4.4 CITY-ST-ZIP				1 4 4 4 9 9 9
TITLE	POPEED TOTAL	☐ DELETE	5.1 TATLE			Chang	e 🔲 Addition
NAME STREET ADDRESS	RODBER, JOHN 13831 188TH PLACE		5.2 NAME 5.3 STREET ADDRESS				-
CITY-ST-ZIP	JUPITER FL		1				
TITLE	VOLITERALE	DELETE	5.4 City-St-ZiP 6.1 Title			Chang	e Addition
NAME		:	6.2 NAME	1			
STREET AODRESS			6.3 STREET	ADDRESS			1
OTY-ST-ZIP	6.4.0		6.4 CITY - S				
	by certify that the information supplied	with this filing does not qualify	for the exe	mption state	d in Section 119.07(3)(i), Florida Statutes	. I further certify the	at the

orporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name I changed, or on an attachment with an address.