

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729198

1. Entity Name

RELIGIOUS SCIENCE OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

3970 RCA BLVD
SUITE 7016
WEST PALM BEACH FL 33410
US

P.O. BOX 33114
PALM BEACH GARDENS. FL 33420-3114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1531254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWEN, JACK E
3269 EAGLE LAKE DRIVE
WEST PALM BEACH FL 33418

Name SANDRA J. MARCHMAN

Street Address (P.O. Box Number is Not Acceptable)
691 SNEAD CIR.

City W. Palm Bch, FL FL Zip Code 33413-1250

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Sandra J. Marchman

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

(NOTE: Registered Agent signature required when reinstating)

4/30/2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BOWEN, JACK E ☒ Delete
STREET ADDRESS 5269 EAGLE LAKE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33418

TITLE PD
NAME SANDRA J. MARCHMAN ☒ Change ☐ Addition
STREET ADDRESS 691 SNEAD CIR
CITY-ST-ZIP W. PALM BEACH, FL 33413-1250

TITLE VPD
NAME MARCHMAN, SANDRA J ☒ Delete
STREET ADDRESS 691 SNEAD CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33413-1250

TITLE VPD
NAME DR. ALLAN JACOBS ☒ Change ☐ Addition
STREET ADDRESS P.O. BOX 1224
CITY-ST-ZIP LEXAHATCHEE, FL

TITLE SD
NAME BOWEN, CHRISTINE ☒ Delete
STREET ADDRESS 5269 EAGLE LAKE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33418

TITLE STD
NAME JENNIFER MARCHMAN ☒ Change ☐ Addition
STREET ADDRESS 5190 KIM COURT
CITY-ST-ZIP W. PALM BEACH, FL 33415

TITLE TD
NAME MARCHMAN, JENNIFER C ☒ Delete
STREET ADDRESS 5190 KIM COURT
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D
NAME LYDA BARRERA ☒ Change ☐ Addition
STREET ADDRESS 11691 BANYAN DR.
CITY-ST-ZIP P. B. GARDENS, FL 33410-2601

TITLE D
NAME MANGELSEN, LEE ☐ Delete
STREET ADDRESS 322 MAPLE CREST CIRCLE
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA J. MARCHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002

Date

561-683-3564

Daytime Phone #

CR2E037 (9/01)

0075566

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90084 030 ****61.25



DO NOT WRITE IN THIS SPACE