

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729198

FILED
Apr 11, 2006
Secretary of State

Entity Name: RELIGIOUS SCIENCE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

321 NORTHLAKE BOULEVARD
#204
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

691 SNEAD CIRCLE
W PALM BEACH, FL 334131250

New Mailing Address:

FEI Number: 59-1531254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCHMAN, SANDRA
691 SNEAD CIR
WEST PALM BEACH, FL 334131250 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ETHRIDGE, CATHERINE
Address: 620C SOUTHWIND CIRCLE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: PD () Delete
Name: MARCHMAN, SANDRA J
Address: 691 SNEAD CIRCLE
City-St-Zip: WEST PALM BEACH, FL 334131250

Title: D () Delete
Name: BARRERA, LYDA
Address: 11691 BANYAN DR
City-St-Zip: PALM BEACH GARDENS, FL 334102601

Title: STD () Delete
Name: MARCHMAN, JENNIFER C
Address: 2888 TENNIS CLUB DRIVE APT.#105
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: WILLIAMS, DIANE
Address: 130 DOOLEN COURT APT. 106-E
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AARON, FRANCES
Address: 112 LAKESHORE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: STD (X) Change () Addition
Name: MARCHMAN, JENNIFER C
Address: 501 PILGRIM ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA J MARCHMAN

PD

04/11/2006

Electronic Signature of Signing Officer or Director

Date