

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729198

FILED  
Jan 25, 2008  
Secretary of State

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

**Current Principal Place of Business:**

691 SNEAD CIRCLE  
WEST PALM BEACH, FL 33413 US

**New Principal Place of Business:**

**Current Mailing Address:**

691 SNEAD CIRCLE  
W PALM BEACH, FL 334131250

**New Mailing Address:**

691 SNEAD CIRCLE  
WEST PALM BEACH, FL 33413 US

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 J  
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: SIEBERT, MICHELLE  
Address: 501 PILGRIM ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

01/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date