

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732892

FILED
Mar 02, 2009
Secretary of State

Entity Name: SCIENCE OF LIFE, THE PROSPERITY CHURCH, INC

Current Principal Place of Business:

1300 NW 15TH AVE
7
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1300 NW 15TH AVE
7
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 59-1682447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALIN, TAD SR
1300 NW 15TH AVE
7
BOCA RATON, FL 33486 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: PD () Delete
Name: GALIN, TAD SR
Address: 1300 NW 15TH AVE #7
City-St-Zip: BOCA RATON, FL 33486

Title: V () Delete
Name: GALIN, JUNE
Address: 1300 NW 15TH AVE #7
City-St-Zip: BOCA RATON, FL 33486

Title: CEO () Delete
Name: GALIN, TAD JR
Address: 332 NW 6TH AVE
City-St-Zip: BOCA RATON, FL 33432

Title: ST () Delete
Name: GALIN, ANNE
Address: 5510 W 54TH ST
City-St-Zip: PARMA, OH 44129

Title: GM () Delete
Name: GILEAD, JOSEPH
Address: 1300 NW 15TH AVE #7
City-St-Zip: BOCA RATON, FL 33486

Title: S () Delete
Name: GALIN, DONNA
Address: 332 NW 6TH AVE
City-St-Zip: BOCA RATON, FL 33432

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:

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: TAD GALIN SR.

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date