2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747958

FILED Mar 03, 2009 Secretary of State

Entity Name: CHURCH OF RELIGIOUS SCIENCE OF BOCA RATON, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	H AVENUE TON, FL 33486	US				
Current Mailing Address:			New Maili	New Mailing Address:		
	H AVENUE TON, FL 33486	US				
,00,(10,(11011,112 30400					
	: 94-2779258	FEI Number Applied For ()	FEI Number Not Appl	,,		
lame and	d Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:		
:3335 WA	Y, BARBARA L. NTER CIRCLE TON, FL 33486	US				
	e named entity su e of Florida.	ıbmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electronic	Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
itle: lame: .ddress: city-St-Zip:	PT () E GAFFNEY, BARB 23335 WATER C BOCA RATON, FI	IRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition		
itle: lame:	LANDAU, GARÝ	Delete	Title: Name: Address:	() Change () Addition		
ddress: city-St-Zip:	9527 LAKE SERE BOCA RATON, FI		City-St-Zip:			
ddress:	BOCA RATON, FI	L 33496 Delete VAY		()Change ()Addition		
ddress: bity-St-Zip: itle: lame: ddress:	BOCA RATON, FI ST () E STURGIS, JAN 10511 MARINA W BOCA RATON, FI	L 33496 Delete VAY L 33428 Delete A AVE.	City-St-Zip: Title: Name: Address:	() Change () Addition T (X) Change () Addition VELEAS, DEAN PO BOX 450825 MIAMI, FL 33245		
ddress: itty-St-Zip: ittle: ame: ddress: itty-St-Zip: ittle: ame: ddress:	ST () E STURGIS, JAN 10511 MARINA V BOCA RATON, FI T () E GUERRA, JILL 22065 MARTELL BOCA RATON, FI	L 33496 Delete VAY L 33428 Delete A AVE. L 33433 Delete	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	T (X) Change () Addition VELEAS, DEAN PO BOX 450825		

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: BARBARA L. GAFFNEY PT 03/03/2009