FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:57

DOCUMENT # **749031** **(1)**

1 Corporate Name

CHURCH OF RELIGIOUS RESEARCH, INC.

Principal Place of Business	Mailing Address
11134 CR 44 LEESBURG FL 34788	11134 CR 44 LEESBURG FL 34788

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 09/21/1979	3a. Date of Last Report: 03/06/1994
4. FEI Number: 59-2470875	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt. # etc. 22	Suite Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PINKSTON, REV. ISABEL
11134 CR 44
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name: Hemphill, Rev. Thomas H.
82 Street Address (P.O. Box Number is Not Acceptable): 11134 Co. Rd. 44
83: Leesburg, FL 34788
84 City: Leesburg FL 85 Zip Code: 34788

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Isabel H. Pinkston ISABEL H PINKSTON, VICE PRESIDENT 4-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	PINKSTON, ISABEL H	12 NAME	Hemphill, Thomas H.
STREET ADDRESS	11134 CR 44	13 STREET ADDRESS	11134 Co. Rd. 44
CITY ST ZIP	LEESBURG FL	14 CITY ST ZIP	Leesburg, FL 34788
TITLE	SD	21 TITLE	S/T D ☒ Change ☐ Addition
NAME	ROBERTS, HELEN N.	22 NAME	Roberts, Helen N.
STREET ADDRESS	8649 SILVER TRAIL	23 STREET ADDRESS	8649 Silver Trail
CITY ST ZIP	LEESBURG FL	24 CITY ST ZIP	Leesburg, FL 34788
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	HEMPHILL, THOMAS H.	32 NAME	Pinkston, Isabel H.
STREET ADDRESS	11134 CR 44	33 STREET ADDRESS	11134 CO. Rd 44
CITY ST ZIP	LEESBURG FL	34 CITY ST ZIP	Leesburg, FL 34788
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROY C.	42 NAME	Smith, Roy C. no change
STREET ADDRESS	348 DOGWOOOD LANE	43 STREET ADDRESS	
CITY ST ZIP	TALBOT TN	44 CITY ST ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, C. J.	52 NAME	Williams, C.J. delete
STREET ADDRESS	949 DR BRUCE JACKSON RD	53 STREET ADDRESS	
CITY ST ZIP	NEWNAN GA	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GEIER, ILENE	62 NAME	Geier, Ilene delete
STREET ADDRESS	3505 GOLDENROD RD.	63 STREET ADDRESS	REMITTED $1.00
CITY ST ZIP	WAUSAU WI	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas H. Hemphill Rev. Thomas H. Hemphill 4-20-95 904-589-4308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000412