

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 749031**

1. Entity Name  
**CHURCH OF RELIGIOUS RESEARCH, INC.**



Principal Place of Business  
**11134 CR 44  
LEESBURG, FL 34788**

Mailing Address  
**11134 CR 44  
LEESBURG, FL 34788**



01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2470875**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ROBERTS, HELEN N  
11134 COUNTY RD 44  
LEESBURG, FL 34788**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000423963  
02/18/06-80024-010 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HEMPHILL, THOMAS H. 4270 C COQUINA CIRCLE BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERTS, HELEN N. 11134 C.R. 44 LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSTELLOE, BARBARA 6240 WOODMOORE AVE NW CANTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Helen N. Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/06* *352-589-4308*  
Date Daytime Phone #