

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-31-2007 90040 034 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2470875				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, HELEN N 11134 COUNTY RD 44 LEESBURG, FL 34788			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Helen N. Roberts</u> <u>Helen N. Roberts Sec/Tri/Dir 1/28/07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNPHILL, THOMAS H. 4270 C COQUINA CIRCLE BRADENTON, FL 34208 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	303 PALM WAY TAVARES, FL 32778 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERTS, HELEN N. 11134 C.R. 44 LEESBURG, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSTELLOE, BARBARA 8240 WOODMOORE AVE NW CANTON, OH ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6240 Woodmoor Ave NW ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Helen N. Roberts - Sec/Tri/Dir</u> <u>Helen N. Roberts 2/15/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date (Daytime Phone #)					