2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mailing Address

PO BOX 110185

DOCUMENT #766705

Principal Place of Business

SIGNATURE:

PO BOX 110185

NAPLES CHURCH OF RELIGIOUS SCIENCE, INC.

FILED Aug 06, 2004 8:00 am Secretary of State

08-06-2004 90003 017 ****70.00

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NAME BURNS, MELANIE NAME STREET ADDRESS 141 CYPRESS WAY APT E STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP			PO BOX 110185 NAPLES, FL 34108-0185			Endi ierik erik erik er	() B)&s- d)#() B16s: 1	14067 	'234 	
City & State Applied For 59-2337696 Status Desired \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Registered Agent Name BURNS, MELANIE 141 CYPRESS WAY EN APT E NAPLES, FL 34110 Street Address (P.O. Box Number is Not Acceptable) YIL CYPRESS URLY City Naples FL 2/19 Code Applied For 100 And 10	2. Principal Place of Business 3. Mai		3. Mailing Address	Mailing Address						
Zip Country Zip Country 59-2337696 Not Applicable 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required 5. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Per Required Name Burns, Melanie 141 CYPRESS WAY EN APT E Street Address (P.O. Box Number is Not Acceptable) 142 Cypress Way En APT E Street Address (P.O. Box Number is Not Acceptable) 143 Cypress Way En APT E Street Address (P.O. Box Number is Not Acceptable) 144 Cypress Way En APT E Street Address (P.O. Box Number is Not Acceptable) 155 Certificate of Status Desired Agent 156 Required Agent Address (P.O. Box Number is Not Acceptable) 157 Cypress Way En APT E Street Address (P.O. Box Number is Not Acceptable) 158 Purns, Melanie 159 Purns, Melanie 159 Purns, Melanie 159 Purns, Melanie 150 Number Indian With, and acceptable Agent supersure required when renestating) 150 Date 160 OFFICERS AND DIRECTORS 161 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 170 Delgte Make Check payable to Florida Department of State 150 Delgte Make 150 Street Address (P.O. Box Number is Not Acceptable) 150 Apt End Address of New Registered Agent 150 Delgte Make Check payable to Florida Department of State 150 OFFICERS AND DIRECTORS 161 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 170 Change Additional Fee Required Agent Supersure required when renestating) 170 OFFICERS WAY APT E STREET ADDRESS OTTY-ST-ZP OTTY-S	Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037	(10/03)		
S. Certificate of Status Desired Series Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Burns, Melanie Street Address (P.O. Box Number is Not Acceptable) Y/ Cyptess Way Fast Apt E City Naples 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 acceptable obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Pilling Fe'e is \$61.25 Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE BURNS, MELANIE STREET ADDRESS CITY-ST-ZP NAPLES, FL 34110 Name Name STREET ADDRESS CITY-ST-ZP NAPLES, FL 34110	City & State C		City & State	ity & State						
BURNS, MELANIE 141 CYPRESS WAY EXAMPLES, FL 34110 Street Address (P.O. Box Number is Not Acceptable) APT E City Naples FL Zip Code 31///2 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee Is \$61.25 Due by September 8, 2004 Prust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAME BURNS, MELANIE TREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110	Zip ~	Country	Zip	Country	5. Certificate of S	tatus Desired		8.75 Add	tional	
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the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and 65e if applicable. (NOTE: Registered Agent signature required when reinstiating) Filling Fee Is \$61.25	141 CYPF NAPLES,	RESS WAY ENT APT E FL 34110	the ourcose of changing its re-	Street A. /y/ Apt City N	ddress (P.O. Box Number Is Cypress Way E aples	Not Acceptable Eas	FL	34//0	·	
Due by September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DT Delete TITLE BURNS, MELANIE STREET ADDRESS 141 CYPRESS WAY APT E CITY-ST-ZIP NAPLES, FL 34110 Trust Fund Contribution. Added to Fees Florida Department of State Added to Fees Florida Department of State	the obligat	tions of registered agent.								
TITLE DT Delete TITLE Change Addition NAME BURNS, MELANIE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP Change Addition Change Addition Change Addition CTY-ST-ZIP	D									
NAME BURNS, MELANIE NAME STREET ADDRESS 141 CYPRESS WAY APT E STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP	10.		ECTORS	11. ADDITIONS/CHAP		IGES TO OFFICERS AND DIRECTORS IN 10				
	NAME STREET ADDRESS	BURNS, MELANIE 141 CYPRESS WAY APT E	☐ Delete	NAME STREET ADDRESS	-				Addition	

OFFICERS AND DIRECTORS 10. ADD 11. TITLE ☐ Defete BURNS, MELANIE NAME NAME STREET ADDRESS 141 CYPRESS WAY APT E STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP Delete TITLE TITLE Lauren Taranto JENKINS, SALLY NAME NAME 2145 Cay Lagoon Dr. # 324 15161 CEDARWOOD LA., #1301 STREET ADDRESS STREET ADDRESS 34109 CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP Naples , FL TITLE Delete TITLE Change ☐ Addition HEIST, JOYCE NAME NAME STREET ADDRESS 916 EGRETS RUN #204 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE Susan Canipelle SECO, GUILLERMO NAME NAME 579 15+4 Ave. South 300 E. 56 ST STREET ADDRESS STREET ADDRESS Naoles, FL 34102 CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP TITLE ☐ Delete TITLE Change **Addition** Patricia Van Essen NAME NAME STREET ADDRESS STREET ADDRESS 27262 Johnson St CITY-ST-ZIP CITY-ST-ZIP Bonita Springs , FL 34135 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 propriet 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 empressive ed.

Melanie Burns