

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004135

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: RELIGIOUS SCIENCE OF SARASOTA, INC.

## Current Principal Place of Business:

3440 EL RADO CT  
SARASOTA, FL 34232

## New Principal Place of Business:

## Current Mailing Address:

3440 EL RADO CT  
SARASOTA, FL 34232

## New Mailing Address:

FEI Number: 55-0789277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFSON, KAREN  
3440 EL RADO CT  
SARASOTA, FL 34232 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WOLFSON, KAREN  
Address: 3440 EL RADO CT  
City-St-Zip: SARASOTA, FL 34232

Title: VP ( ) Delete  
Name: KUHL, JUDY  
Address: 2240 STICKNEY PT RD #226  
City-St-Zip: SARASOTA, FL 34231

Title: T ( ) Delete  
Name: JOHNSON, LINDA L  
Address: 5423 ANTOINETTE ST  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: LEWIS, DEBRA  
Address: 3888 PRUDENCE DR  
City-St-Zip: SARASOTA, FL 34235

Title: D (X) Delete  
Name: MENDENHALL, HARRY  
Address: 3728 72 AVE E  
City-St-Zip: SARASOTA, FL 34243

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LEWIS, DEBRA  
Address: 3888 PRUDENCE DR  
City-St-Zip: SARASOTA, FL 34235

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MENDENHALL, HARRY  
Address: 3728 72 AVE E  
City-St-Zip: SARASOTA, FL 34243

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN WOLFSON

P

01/20/2005

Electronic Signature of Signing Officer or Director

Date