

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004290

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** EVENSONG WEST MINISTRIES, INC.

**Current Principal Place of Business:**

PMB 545, 21010 SOUTHBANK ST.  
STERLING, VA 20165 US

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 545, 21010 SOUTHBANK ST.  
STERLING, VA 20165 US

**New Mailing Address:**

**FEI Number:** 30-0358926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RELIGIOUS SCIENCE CHURCH OF MARION CO. &  
SCIENCE OF MIND CENTER INC. OAKBROOK LIFE  
ENRICHMENT CENTER. 1009 NE 28TH AVE  
OCALA, FL 34470 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  
**Name:** TAYLOR, HILARY J REV  
**Address:** PMB 545,21010 SOUTHBANK ST  
**City-St-Zip:** STERLING, VA 20165 US

**Title:** VP  
**Name:** GORDON, DAVID  
**Address:** 597 FLORIDA AVE  
**City-St-Zip:** HERNDON, VA 20170 US

**Title:** TR  
**Name:** STINE, WILLIAM  
**Address:** 1052 PERTH RD  
**City-St-Zip:** TROUTMAN, NC 28166 US

**Title:** SEC  
**Name:** LAWRENCE, MARILYN  
**Address:** 93 WATERLOO ST  
**City-St-Zip:** WARRENTON, VA 20186 US

I hereby 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 all other like empowered.

**SIGNATURE:** REV HILARY J TAYLOR

P

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date