

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N07296 (9)**

1. Corporation Name

**FLORIDA INSTITUTE OF RELIGIOUS SCIENCE, INC.**



Principal Place of Business

Mailing Address

**C/O REV. ELSIE A. HIPPS  
709 EDGEWATER DRIVE  
ORLANDO FL 32804**

**C/O REV. ELSIE A. HIPPS  
709 EDGEWATER DRIVE  
ORLANDO FL 32804**

3. Date Incorporated or Qualified <b>01/24/1985</b>	3a. Date of Last Report <b>04/11/1995</b>
4. FEI Number <b>59-1031400</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

## 9. Name and Address of Current Registered Agent

**HIPPS, ELSIE A. DR.  
1214 S. CRYSTAL LAKE DRIVE  
ORLANDO FL 32806**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIPPS, ELSIE A.</b>	12. NAME	
STREET ADDRESS	<b>709 EDGEWATER DR.</b>	13. STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	14. CITY - ST - ZIP	
TITLE	<b>DST</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONARD, DIANA G.</b>	22. NAME	
STREET ADDRESS	<b>2216 DOGWOOD CIRCLE</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>MT. DORA FL</b>	24. CITY - ST - ZIP	
TITLE	<b>DV</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONARD, EDWIN</b>	32. NAME	
STREET ADDRESS	<b>2216 DOGWOOD CIRCLE</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>MT DORA FL</b>	34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Dr. Elsie A. Hipps (Elsie A. Hipps)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/96 (407) 423-5571*  
DATE Daytime Phone #

CR2E037 (12/95)