2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13407

FILED Jan 26, 2006 Secretary of State

Entity Name: ST. AUGUSTINE CHURCH OF RELIGIOUS SCIENCE INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1795 OLD MOULTRIE RD SAINT AUGUSTINE, FL 32084 LIS **Current Mailing Address: New Mailing Address:** P.O. BOX 436 ST. AUGUSTINE, FL 32085 FEI Number: 59-2638052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLAIRE, ELIZABETH 953 ALCALA DR ST. AUGUSTINE, FL 32086 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CLAIRE, ELIZABETH Name: Name: 953 ALCALA DR Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: Title: Title: () Delete () Change () Addition CACCIOLA, ANKE Name: Name: Address: 387 ALTARA DR. Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: Title: () Delete Title: () Change () Addition BOWER, NICOLE Name: Name: Address: 17 AVILLES DR Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: (X) Change () Addition Title: PUB () Delete Title: BENNETT, DIANE Name: RAY, CARLOTTA Name: 2500 ST. MICHAEL COURT 313 FOREST DUNE DRIVE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: ST AUGUSTINE, FL 32080 Title: DΡ () Delete Title: (X) Change () Addition CELI, PAMELA CLEMENTS, JAN Name: Name: 440 MANGO CIRCLE 2770 LOJA STREET Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32095 City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: () Delete Title: (X) Change () Addition KAHRS, EVELYN KAHRS, EVELYN Name: Name: Address: P.O. BOX 840039 Address: P.O. BOX 840039 SAINT AUGUSTINE, FL 32080 SAINT AUGUSTINE, FL 32080 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DIANE BENNETT TREA 01/26/2006