


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90019 033 ****61.25

DOCUMENT # N13407 1. Entity Name ST. AUGUSTINE CHURCH OF RELIGIOUS SCIENCE INCORPORATED					
Principal Place of Business 1795 OLD MOULTRIE RD SAINT AUGUSTINE, FL 32084 US			Mailing Address P.O. BOX 436 ST. AUGUSTINE, FL 32085		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2638052				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLAIRE, ELIZABETH 953 ALCALA DR ST. AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M CLAIRE, ELIZABETH 953 ALCALA DR SAINT AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATRICIA R. KONOVER 1000 DEER CHASE DR. ST AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CACCIOLA, ANKE 387 ALTARA DR. SAINT AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T L. KATHERYN TANNER 5204 DRUZY LN. ST AUGUSTINE, FL 32084	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOWER, NICOLE 17 AVILLES DR SAINT AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUDY JAMES 3541 KINGS RD. S. ST AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BENNETT, DIANE 313 FOREST DUNE DRIVE ST AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JIM SOLL 5795 RUDOLPH AVE ST AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLEMENTS, JAN 2770 LOJA STREET SAINT AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAHRS, EVELYN P.O. BOX 840039 SAINT AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EVELYN KAHRS 5172 ATLANTIC VIEW ST AUGUSTINE, FL 32080	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Elizabeth Claire</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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