

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90157 049 \*\*\*\*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**

**60032126**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2638052**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLAIRE, ELIZABETH  
953 ALCALA DR  
ST. AUGUSTINE, FL 32086**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**M  
CLAIRE, ELIZABETH  
953 ALCALA DR  
SAINT AUGUSTINE, FL 32086**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
KONOVER, PATRICIA R  
1000 DEER CHASE DR  
SAINT AUGUSTINE, FL 32086**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
TANNER, KATHERYN L  
5204 DRURY LN  
SAINT AUGUSTINE, FL 32084**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
JAMES, JUDY  
3541 KINGS RD S  
SAINT AUGUSTINE, FL 32086**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
CLEMENTS, JAN  
2770 LOJA STREET  
SAINT AUGUSTINE, FL 32084**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
KAHRS, EVELYN  
P.O. BOX 840039  
SAINT AUGUSTINE, FL 32080**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
JIM SOLL  
5795 RUDOLPH AVE.  
ST AUGUSTINE, FL 32080**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
MADELINE RENARD  
125 MARSHSIDE DRIVE  
ST. AUGUSTINE, FL 32080**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

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: L. KATHERYN TANNER TREASURER**

**4-8-2008**

Date

Daytime Phone #