## FILED Apr 23, 2004 8:00 am Secretary of State

2004	MOI-FOR-PROFIT CORPORATION
	ANNUAL REPORT

DOCUMENT # N34160 04-23-2004 90195 011 \*\*\*\*61.25 1. Entity Name FIRST CHURCH OF RELIGIOUS SCIENCE OF ORLANDO. FLORIDA, INC. Mailing Address Principal Place of Business 709 EDGEWATER DR. 709 EDGEWATER DR ORLANDO, FL 32804 US ORLANDO, FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1031400 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WYNNE-HAMPTON, LANI 4207 WILLOW PARK DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32835 City 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2004 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE □ Delete TITLE Chaege ☐ Addition RICHBART, RICHBART, DAVID NAME NAME 1628 HAVEN DRIVE #B STREET ADDRESS STREET ADDRESS CJTY - ST - ZJP ORLANDO, FL 32803 CITY-ST-7IP TITLE Change ☐ Delete TIΠE Addition YUGHES KENNETH HUGHES, KENNETH NAME NAME STREET ADDRESS 8338 GANDY WAY STREET ADDRESS CITY - ST - ZIP ORLANDO, FL 32810 CITY-ST-7/P D TITLE Delete TITLE ☐ Change ■ Addition USAN RADZEWICZ WYNNE-HAMPTON, LANI NAME NAME 1041 WINGO DRIVE STREET ADDRESS 4207 WILLOW PARK DRIVE STREET ADDRESS CITY ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP TITLE TD Delete Addition LEES, WILLIAM E NAME NAME STREET ADDRESS 4207 WILLOW PARK DR. STREET ADDRESS CITY-SY-ZIP ORLANDO, FL 32835 CITY-ST-ZIP Delete THE TIME ☐ Addition SHERMAN-MILLER RENEE SHERMAN-MILLER, RENEE NAME NAME STREET ADDRESS 1215 MARIE AVE. STREET ADDRESS APOPKA, FL 32708 CITY-ST-7IP CITY - ST - ZIP TITLE D Delete TITLE ☐ Change ☐ Addition EMANUEL, MARY NAME NAME 126 N. SHADOW BAY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \angle SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR