


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90367 012 ****61.25

DOCUMENT # N34160					
1. Entity Name FIRST CHURCH OF RELIGIOUS SCIENCE OF ORLANDO, FLORIDA, INC.					
Principal Place of Business 709 EDGEWATER DR. ORLANDO, FL 32804 US			Mailing Address 709 EDGEWATER DR ORLANDO, FL 32804		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1031400	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WYNNE-HAMPTON, LANI 4207 WILLOW PARK DRIVE ORLANDO, FL 32835			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHBART, DAVID		NAME	RADZEWICZ, SUSAN	
STREET ADDRESS	1628 HAVEN DRIVE #B		STREET ADDRESS	1041 WINGO DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, KENNETH		NAME	JIMENEZ-SMITH, MARTHA	
STREET ADDRESS	8338 GANDY WAY		STREET ADDRESS	711 LIVINGSTON ST.	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYNNE-HAMPTON, LANI		NAME	SMITH, VANESSA	
STREET ADDRESS	4207 WILLOW PARK DRIVE		STREET ADDRESS	1227 BAYPOINT COURT	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEES, WILLIAM E		NAME		
STREET ADDRESS	4207 WILLOW PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN-MILLER, RENEE		NAME		
STREET ADDRESS	1215 MARIE AVE.		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32708		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMANUEL, MARY		NAME		
STREET ADDRESS	126 N. SHADOW BAY DR.		STREET ADDRESS	5545 HILLTOP ROAD	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	ORLANDO, FL 32810	
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: <i>Lani Wynne-Hampton</i>			Date: 3/25/05 Daytime Phone #: 407-423-5571		

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