


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90316 014 ****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		
Zip	Country	Zip	Country	4. FEI Number 59-1031400	
				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			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		
			State: 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADZEWICS, SUSAN		NAME	JONES, Robert B.	
STREET ADDRESS	1041 WINGO DRIVE		STREET ADDRESS	2823 E, Michigan ST,	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIMENEZ-SMITH, MARTHA		NAME	ZWIEFEL, GERI M.	
STREET ADDRESS	711 LIVINGSTON ST		STREET ADDRESS	7521 LOVELY LANE	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYNNE-HAMPTON, LANI		NAME	SMITH, VANESSA L.	
STREET ADDRESS	4207 WILLOW PARK DRIVE		STREET ADDRESS	1227 Baypoint Ct.	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	T	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEES, WILLIAM E		NAME	CHABRA, BRANDY H.	
STREET ADDRESS	4207 WILLOW PARK DR.		STREET ADDRESS	1523 Golden Poppy Ct.	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	P/D	<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 checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMANUEL, MARY		NAME		
STREET ADDRESS	5545 HILLTOP RAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
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>Pw. Lanit Wynne-Hampton</i>			Date: <i>4/10/06</i> Daytime Phone #: <i>407-423-5571</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		