


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90151 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38306

1. Corporation Name

RELIGIOUS SCIENCE CHURCH FOR TODAY, INC.

Principal Place of Business

1 CIRCLE DRIVE
 HOLLY HILL FL 32117

Mailing Address

1 CIRCLE DRIVE
 HOLLY HILL FL 32117



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/24/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3016052
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GAMBERT, WILLIAM N., ESQ.
433 SILVER BEACH AVENUE
SUITE 101
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, ROBERT O REV	1.2 NAME	ROBERT O SAWYER, EVELYN
STREET ADDRESS	1 CIRCLE DRIVE	1.3 STREET ADDRESS	190 DAYMORA
CITY-ST-ZIP	HOLLY HILL FL 32117	1.4 CITY-ST-ZIP	HOLLY HILL FL 32117
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	T/Y Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUMBO, BONNIE	2.2 NAME	VANCE, REV, ROBERT O.
STREET ADDRESS	1015 CLERMONT ST.	2.3 STREET ADDRESS	1 CIRCLE DR
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	2.4 CITY-ST-ZIP	HOLLY HILL FL 32117
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	S Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, ROBERT O REV	3.2 NAME	WOIRONOFF, MARY JO
STREET ADDRESS	1 CIRCLE DRIVE	3.3 STREET ADDRESS	810 14th AVE
CITY-ST-ZIP	HOLLY HILL FL 32117	3.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	Tr <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OESTER, RUTH	4.2 NAME	CABRERA, MONA
STREET ADDRESS	1206 WAYNE AVE.	4.3 STREET ADDRESS	362 GLENEAGLE DR
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, MONA	5.2 NAME	ARMSTRONG, MICHAEL
STREET ADDRESS	1050 N DIXIE FREEWAY	5.3 STREET ADDRESS	PO Box 411
CITY-ST-ZIP	NEW SYMRNA BEACH FL	5.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	PASTOS, CASSIA
STREET ADDRESS		6.3 STREET ADDRESS	1709 TRAVELERS PALM DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	EDGEWATER FL 32132

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert O. Vance* **ROBERT O. VANCE** 5/3/99 904-424-0304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)