

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38306

1. Entity Name

RELIGIOUS SCIENCE CHURCH FOR TODAY, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90100 050 ****61.25

Principal Place of Business

Mailing Address

1 CIRCLE DRIVE
HOLLY HILL FL 32117

1 CIRCLE DRIVE
HOLLY HILL FL 32117

2. Principal Place of Business

612 N. RIDGEWOOD AVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

UNIT "G"

Suite, Apt. #, etc.

City & State

EDGEWATER, FL

City & State

4. FEI Number

59-3016052

Applied For

Not Applicable

Zip

32132

Country

USA

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TVTR
NAME VANCE, ROBERT O REV
STREET ADDRESS 1 CIRCLE DRIVE
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE PRESIDENT
NAME SAWYER, EVELYN
STREET ADDRESS 190 DAYMORA
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE TVTR
NAME SAWYER, EVELYN
STREET ADDRESS 190 DAYMORA
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE VICE PRESIDENT
NAME VANCE, ROBERT O. REV
STREET ADDRESS 1 CIRCLE DR
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE STR
NAME WORONOFF, MARY J
STREET ADDRESS 810 14TH AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE SECRETARY
NAME ZERN, GEORGIA
STREET ADDRESS 6103 DEL MAR DR
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE TR
NAME ARMSTRONG, MICHAEL
STREET ADDRESS PO BOX 411
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE TREASURER
NAME MARTINE, MARIE
STREET ADDRESS 307 JOAN ST
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE TR
NAME CABRERA, MONA
STREET ADDRESS 362 GLENEAGLE DR
CITY-ST-ZIP NEW SYMRNA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TR
NAME BASTOS, CASSIA
STREET ADDRESS 1709 TRAVELERS PALM DR
CITY-ST-ZIP EDGEWATER FL 32132

TITLE
NAME
STREET ADDRESS
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:

Resubmitted REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/00

Date

(904) 252-2630

Daytime Phone #

CR2E037 (5/00)