

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90190 019 \*\*\*\*61.25

**DOCUMENT # N38306**

1. Entity Name

**RELIGIOUS SCIENCE CHURCH FOR TODAY, INC.**

Principal Place of Business

Mailing Address

612 N RIDGEWOOD AVE  
 UNIT G  
 EDGEWATER FL 32132

1 CIRCLE DRIVE  
 HOLLY HILL FL 32117

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 **59-3016052**

Applied For

Not Applicable

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**

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	VTR	<input type="checkbox"/> Delete
NAME	VANCE, ROBERT O REV	
STREET ADDRESS	1 CIRCLE DRIVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	PTR	<input type="checkbox"/> Delete
NAME	ZERN, GEORGIA	
STREET ADDRESS	6103 DEL MAR DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	STR	<input type="checkbox"/> Delete
NAME	NYE, ORVILLE	
STREET ADDRESS	954 N COLONIAL CIRCLE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	TTR	<input type="checkbox"/> Delete
NAME	MARTINE, MARIE	
STREET ADDRESS	307 VOAN STREET	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CABRERA, FRANK	
STREET ADDRESS	362 GLENEAGLE DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BASTOS, CASSIA	
STREET ADDRESS	1709 TRAVELERS PALM DR	
CITY-ST-ZIP	EDGEWATER FL 32132	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Marie Martine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-2002 386 428-6353

CR2E037 (9/01)