


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90264 025 ****61.25

DOCUMENT # N38306 1. Entity Name RELIGIOUS SCIENCE CHURCH FOR TODAY, INC.					
Principal Place of Business 612 N RIDGEWOOD AVE UNIT G EDGEWATER, FL 32132			Mailing Address 1 CIRCLE DRIVE HOLLY HILL, FL 32117		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3016052	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GAMBERT, WILLIAM N., ESQ. 433 SILVER BEACH AVENUE SUITE 101 DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004			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 NAME STREET ADDRESS CITY-ST-ZIP	VTR VANCE, ROBERT O REV 1 CIRCLE DRIVE HOLLY HILL, FL 32117			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PTR VANCE, ROBERT O. REV 1 CIRCLE DR HOLLY HILL, FL 32117				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR NYE, ORVILLE 954 N. COLONIAL CIR. DAYTONA BEACH, FL 32117			<input checked="" type="checkbox"/> Delete	
VTR/TTR MARTINE, MARIE 307 JOAN ST EDGEWATER, FL 32132				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR FIRFIELD, BARBARA 685 REILLYS RD. PORT ORANGE, FL 32127			<input type="checkbox"/> Delete	
TTR MARTINE, MARIE 307 VOAN STREET EDGEWATER, FL 32132				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CRANE, DAVID 307 JOAN ST. EDGEWATER, FL 32132			<input checked="" type="checkbox"/> Delete	
TR AUSTIN, JULIE 103 KON TIKI TERRACE PORT ORANGE, FL 32127				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
(Empty)				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rev Robert O Vance</u> REV ROBERT O. VANCE 3/22/04 252-2630					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					