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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48802 (5)
1. Corporation Name
GENESIS CHURCH OF RELIGIOUS SCIENCE, INC.



Principal Place of Business		Mailing Address	
1225 11TH AVE VERO BCH FL 32962 US		P. O. BOX 650962 VERO BEACH FL 32965 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
		25	29

3. Date Incorporated or Qualified	05/08/1992	
4. FEI Number	65-0400077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HIRSCHFIELD, DONNA
1801 LUDIAN RIVER BLVD #E210
SUITE 2102
VERO BCH FL 32960

10. Name and Address of New Registered Agent

61 Name	Same		
62 Street Address (P.O. Box Number is Not Acceptable)	1560 32nd Ave.		
63			
64 City	VERO BEACH	65 Zip Code	FL 32960

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 *Donna Hirschfield* **DONNA HIRSCHFIELD** DATE **4/19/98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HELMAN, SUSAN	
STREET ADDRESS	3010 PAR DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HIRSCHFIELD, REV DONNA	
STREET ADDRESS	1901 LUDIAN RIVER BLVD E210	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KENNEDY, SHARON	
STREET ADDRESS	4811 BETHEL CREEK DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'MALLEY, ELINOR R	
STREET ADDRESS	11 VISTA GARDENS TRAIL #204	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUDRE, MARGIE	
STREET ADDRESS	1525 24TH AVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	DS DP	<input type="checkbox"/> DELETE
NAME	MAHER, PEGGY	
STREET ADDRESS	1004 PENNSYLVANIA AVE	
CITY-ST-ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCENT, CLYDE	
1.3 STREET ADDRESS	7980 37th St.	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BUHLER, SALLY	
2.3 STREET ADDRESS	2035 53rd Ave	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Sharon L. Kennedy* **SHARON L. KENNEDY** DATE **4/19/98** **561-567-5551**

CR2E037 (10/97)