

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48802

1. Entity Name

GENESIS CHURCH OF RELIGIOUS SCIENCE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90070 016 ****61.25

Principal Place of Business

Mailing Address

~~1225 11TH AVE~~ **4405 N. Hwy A1A**
~~VERO BCH FL 32962~~ **VERO Beach**
~~US~~ **FL 32963**

P. O. BOX 650862
VERO BEACH FL 32965-0862
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0400077

Applied For

Not Applicable

Zip

Country

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

HIRSCHFIELD, DONNA
1560 32ND AVE
SUITE 2162
VERO BEACH FL 32960

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

Donna Hirschfield

4-29-00

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 ☐ Delete
NAME DE LA MAR, KAREN
STREET ADDRESS 1913 SURFSIDE DR
CITY-ST-ZIP FT PIERCE FL 34949

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS LOUISE HUBBARD
CITY-ST-ZIP 2367 SE HARRINGTON AVE.
PORT ST. LUCIE, FL 34952

TITLE ☐ Delete
NAME DM REVEREND
STREET ADDRESS HIRSCHFIELD, REV DONNA
CITY-ST-ZIP 1560 32 AVE
VERO BEACH FL 32960

TITLE ☐ Change ☐ Addition
NAME DONNA HIRSCHFIELD
STREET ADDRESS 1560 32nd Ave
CITY-ST-ZIP VERO Beach, FL 32960

TITLE ☐ Delete
NAME DS VP
STREET ADDRESS VOUTLER, SALLY
CITY-ST-ZIP 6285 7 PL
VERO BEACH FL

TITLE ☐ Change ☐ Addition
NAME Vice President
STREET ADDRESS Sally Voutler
CITY-ST-ZIP 6285 7th Place
VERO Beach, FL 32960

TITLE ☐ Delete
NAME D
STREET ADDRESS O'MALLEY, ELINOR R
CITY-ST-ZIP 11 VISTA GARDENS TRAIL #204
VERO BCH FL

TITLE ☐ Change ☒ Addition
NAME TRUSTEE
STREET ADDRESS ROBERT R. TEWKSBURY
CITY-ST-ZIP 360 VISTA COURT
VERO BEACH, FLA. 32962

TITLE ☒ Delete
NAME VP
STREET ADDRESS SCENT, CLYDE
CITY-ST-ZIP 7980 37 ST
VERO BCH FL 32966

TITLE ☐ Change ☒ Addition
NAME TRUSTEE
STREET ADDRESS TRACY N. TUMLIN
CITY-ST-ZIP 536 GREYTWIG RD.
VERO BEACH, FL. 32963

TITLE ☐ Delete
NAME DP
STREET ADDRESS MAHER, PEGGY
CITY-ST-ZIP 1004 PENNSYLVANIA AVE
FT PIERCE FL

TITLE ☐ Change ☐ 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:

Donna Hirschfield

4-29-00 561-4678670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)