

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48802

1. Entity Name

GENESIS CHURCH OF RELIGIOUS SCIENCE, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91172 029 ****61.25

Principal Place of Business
4405 N. HWY A1A
VERO BEACH FL 32963
US

Mailing Address
P. O. BOX 650862
VERO BEACH FL 32965
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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

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

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.

SIGNATURE

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

(NO E-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

TITLE	T	<input type="checkbox"/> Delete
NAME	DE LA MAR, KAREN	
STREET ADDRESS	1913 SURFSIDE DR	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	DM	<input type="checkbox"/> Delete
NAME	HIRSCHFIELD, REV DONNA	
STREET ADDRESS	1560 32 AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	VOULTER, SALLY	
STREET ADDRESS	6285 7 PL	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'MALLEY, ELINOR R	
STREET ADDRESS	11 VISTA GARDENS TRAIL #204	
CITY-ST-ZIP	VERO BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TUMLIN, TRACY N	
STREET ADDRESS	536 GREY TWIG RD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MAHER, PEGGY	
STREET ADDRESS	1004 PENNSYLVANIA AVE	
CITY-ST-ZIP	FT PIERCE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN DE LA MAR	
STREET ADDRESS	918 SE MADISON AVE	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB TEWKS BURY, UP	
STREET ADDRESS	360 VISTA COURT	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS GROFF	
STREET ADDRESS	1961 COCOPLUM LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE HUBBARD	
STREET ADDRESS	2367 SE HARRINGTON AVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALLY BUEHLER	
STREET ADDRESS	6285 7th Place	
CITY-ST-ZIP	VERO BEACH, FL 32968	

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 empowerments.

SIGNATURE:

Signature of Karen De La Mar 5-21-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)