

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90285 036 ****61.25

DOCUMENT # N48802

1. Entity Name
GENESIS CHURCH OF RELIGIOUS SCIENCE, INC.



Principal Place of Business
**4405 N. HWY AIA
VERO BEACH, FL 32963 US**

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

14011000



2. Principal Place of Business
3414 SUNRISE BLVD

3. Mailing Address
PO Box 650862

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State
FT. PIERCE, FL

City & State
VERO BEACH, FL

4. FEI Number
65-0400077

Applied For
☐ Not Applicable

Zip
34982

Country
ST. LUCIE

Zip
32965

Country
INDIAN RIVER

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

**MAURER, DONNA
101 KILDATE DRIVE
SEBASTIAN, FL 32958**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
T
NAME
HUBBARD, LOUISE
STREET ADDRESS
2367 SE HABRINGTON AVE
CITY-ST-ZIP
PORT SAINT LUCIE, FL 34952

☒ Delete

TITLE
TREASURER
NAME
CELIA FILLA
STREET ADDRESS
5610 PALMETTO DR.
CITY-ST-ZIP
FT. PIERCE, FL 34982

☒ Change ☐ Addition

TITLE
DMS
NAME
MAURER, DONNA REV
STREET ADDRESS
101 KILDARE DRIVE
CITY-ST-ZIP
SEBASTIAN, FL 32958

☐ Delete

TITLE
SECRETARY
NAME
PEGGY MAHER
STREET ADDRESS
410 NW CANTERBURY CT.
CITY-ST-ZIP
FT. ST. LUCIE, FL 34983

☐ Change ☒ Addition

TITLE
VP
NAME
TUMLIN, TRACY N
STREET ADDRESS
536 GREY TWIG RD
CITY-ST-ZIP
VERO BEACH, FL 32963

☒ Delete

TITLE
P
NAME
MCMULTY, ORDETTE
STREET ADDRESS
1140 SW 40TH AVE
CITY-ST-ZIP
VERO BEACH, FL 32968

☒ Delete

TITLE
PRESIDENT
NAME
PETER KOHLHEPP
STREET ADDRESS
6396 SIXTH PL.
CITY-ST-ZIP
VERO BEACH, FL 32968

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Donna Maurer **DONNA MAURER**

4-25-05 (TT2) 564-0190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #