FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51381 (4)

1. Corporation Name
CENTRAL FLORIDA RELIGIOUS SCIENCE CENTER, INC.

Principal Place of Business
900 ORCHID SPRINGS DRIVE
SUITE 106
WINTER HAVEN FL 33884

Mailing Address
900 ORCHID SPRINGS DRIVE
SUITE 106
WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3101905 — Applied For / Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RITTER, ROSALIE J.
900 ORCHID SPRINGS DRIVE
SUITE 106
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BENNETT, GARY A	1.2 NAME	Bennett, Cathy	
STREET ADDRESS	1619 LAKE HOWARD DR NW	1.3 STREET ADDRESS	1619 Lake Howard Dr. HNW	
CITY - ST - ZIP	WINTER HAVEN FL 33881	1.4 CITY - ST - ZIP	Winter Haven, FL 33881	
TITLE	VD	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	MCCAFFERTY, GLEN	2.2 NAME	Butler, Marjorie	
STREET ADDRESS	1711 LOWRY AVE.	2.3 STREET ADDRESS	868 Oriole Dr. SE	
CITY - ST - ZIP	LAKELAND FL 33801	2.4 CITY - ST - ZIP	Winter Haven, FL 33884	
TITLE	SP	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MCVICKER, RUTH	3.2 NAME	Amezquita, Hector	
STREET ADDRESS	639 OLEANDER DR, SE	3.3 STREET ADDRESS	514 Anise Ct. Lake Marion Shores	
CITY - ST - ZIP	WINTER HAVEN FL 37	3.4 CITY - ST - ZIP	Kissimmee, FL 34759	
TITLE	TD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	VARTY, BEVERLY	4.2 NAME		
STREET ADDRESS	381 SAN JOSE DR	4.3 STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN FL 40	4.4 CITY - ST - ZIP		
TITLE	D	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	MADDOX, LURA G	5.2 NAME		
STREET ADDRESS	1337 EDGEWATER BEACH DR.	5.3 STREET ADDRESS		
CITY - ST - ZIP	LAKELAND FL 33805	5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rosalie J. Ritter — 4/24/95 — 813-324-5480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016390