

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90086 031 \*\*\*\*61.25

0014080

**DOCUMENT # N51381**

1. Entity Name

**CENTRAL FLORIDA RELIGIOUS SCIENCE CENTER, INC.**



Principal Place of Business

**3601 CYPRESS GARDENS RD  
SUITE M  
WINTER HAVEN FL 33884  
US**

Mailing Address

**6039 CYPRESS GARDENS BLVD.  
SUITE 309  
WINTER HAVEN FL 33884  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3101905**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RITTER, ROSALIE REV  
3601 CYPRESS GARDENS RD  
SUITE M-  
WINTER HAVEN FL 33884**

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

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MOWER, LES	
STREET ADDRESS	200 MAITLAND #291	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGORDON, JACKIER	
STREET ADDRESS	828 W 2ND STREET	
CITY-ST-ZIP	LAKELAND FL 33805-4226	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LOZELL, JEAN	
STREET ADDRESS	1524 AVENUE "H" N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LONG, BRENDA	
STREET ADDRESS	4475 CYPRESS COUNTRY LANE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WORTHY, DORIS	
STREET ADDRESS	2125 KINGS CROSSING	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FISHER, VANCE A	
STREET ADDRESS	9333 PAINTER SCHOOL ROAD	
CITY-ST-ZIP	BERRIEN CENTER MI 49102	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, RITA	
STREET ADDRESS	6791 BRENTWOOD DR., NE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JAMES	
STREET ADDRESS	765 S. 3RD AVENUE	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURKEE, ANNE	
STREET ADDRESS	6418 BENDELOW	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

*(269)*  
*Aug 15, 2003 943-5511*

CR2E037 (4/03)

Attachment

80138995

451381

FISHER LAW OFFICE

Vance A. Fisher  
Attorney and Counselor

August 7, 2003

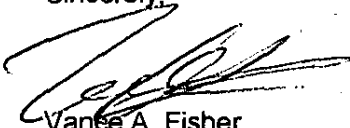
Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302

Re: Central Florida Religious Science Center, Inc.

Dear Sirs and Mesdames:

Enclosed for filing is our 2003 Not-For-Profit Corporation Uniform Business Report. Also enclosed is our check in the amount of \$61.25.

Sincerely,



Vance A. Fisher

/smr

Enclosures

cc Rita Jackson