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 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004022 (0)

1. Corporation Name

TAMPA RELIGIOUS SCIENCE CENTER, INC.

Principal Place of Business	Mailing Address
718 S. HOWARD AVE. TAMPA FL 33606	718 S. HOWARD AVE TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1993
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3186332 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 718 S. Howard Ave	26 718 S. Howard Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa FL.	City & State 28 Tampa FL.
Zip 24 33606 Country 25 Hillsborough	Zip 29 33606 Country 30 Hillsborough

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

MCFARLAND MICHAEL
718 SOUTH HOWARD AVE.
TAMPA FL 33606

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: Michael J. McFarland — Michael McFarland — 4/11/95
(Signature, typed or printed name of registered agent and date of signature) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	MCFARLAND MICHAEL	12 NAME	
STREET ADDRESS	3101 WEST EUCLID AVE.	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33629	14 CITY ST ZIP	
TITLE	VPT	21 TITLE	VPT ☒ Change ☐ Addition
NAME	MCCAUGHY CONSTANCE J.	22 NAME	Emily Flowers
STREET ADDRESS	573 SUWANEE CIRCLE	23 STREET ADDRESS	225 Danube Ave
CITY ST ZIP	TAMPA FL 33606	24 CITY ST ZIP	Tampa FL. 33606
TITLE	TT	31 TITLE	T ☐ Change ☒ Addition
NAME	FLOWERS EMILY	32 NAME	Diane Hinckley
STREET ADDRESS	225 DANUBE AVE.	33 STREET ADDRESS	3219 A Santiago
CITY ST ZIP	TAMPA FL 33606	34 CITY ST ZIP	Tampa FL 33629
TITLE	ST	41 TITLE	Tr ☒ Change ☐ Addition
NAME	LINDGREN KAAREN	42 NAME	Karen Lindgren
STREET ADDRESS	586 BAYWOOD DR. N	43 STREET ADDRESS	586 Baywood Dr N.
CITY ST ZIP	DUNEDIN FL 34698	44 CITY ST ZIP	Dunedin FL 34698
TITLE	MT	51 TITLE	STr ☐ Change ☒ Addition
NAME	SAVARESE CAROLYN	52 NAME	James Pesci
STREET ADDRESS	730 S. VILLAGE DR. N. #106	53 STREET ADDRESS	PO Box 360373 N/A
CITY ST ZIP	ST. PETERSBURG FL 33716	54 CITY ST ZIP	Tampa FL 33673-0373
TITLE		61 TITLE	Tr ☐ Change ☒ Addition
NAME		62 NAME	Thomas Voigt
STREET ADDRESS		63 STREET ADDRESS	PO Box 7679 N/A
CITY ST ZIP		64 CITY ST ZIP	St Petersburg FL 33734

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 added to the report with an address.

SIGNATURE: Michael J. McFarland — Michael McFarland 4/11/95 — (813) 253-5701
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — Daytime Phone #

0053687