

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 17, 1999 8:00 am  
Secretary of State

06-17-1999 90008 039 \*\*\*\*61.25

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DOCUMENT # N93000004022

1. Corporation Name

TAMPA RELIGIOUS SCIENCE CENTER, INC.

Principal Place of Business

2401 W. KENNEDY  
SUITE 201  
TAMPA FL  
US

Mailing Address

P.O. BOX 20661  
TAMPA FL 33622



2. Principal Place of Business

21 406 N. RED ST

2a. Mailing Address

26 406 N. RED ST

Suite, Apt. #, etc.

22 406 N. RED ST. #136

Suite, Apt. #, etc.

27 #136

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33609

Country

25 Hillsborough

Zip

29 33609

Country

30 Hillsborough

3. Date Incorporated or Qualified

09/03/1993

4. FEI Number

59-3186332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DEEN, ROBERT A III  
17030 FIRST STREET E.  
#212  
N. REDINGTON BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name DEEN, ROBERT A. III  
82 Street Address (P.O. Box Number is Not Acceptable)  
6401 S. WESTSHORE BLVD  
83 #1111  
84 City TAMPA FL 85 Zip Code 33616

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Robert A. Deen III, ROBERT A. DEEN III

6-14-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DEEN, ROBERT A III	
STREET ADDRESS	17030 FIRST STREET EAST, #212	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	COOK, PATRICIA	
STREET ADDRESS	13523 BELLINGHAM DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, HENRY	
STREET ADDRESS	6024 HANLEY ROAD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WINTERS, NATALIE	
STREET ADDRESS	12025 WANDSWORTH DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	DAHARSH, PATRICIA	
STREET ADDRESS	17030 FIRST STREET E., #214	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	PTD
1.2 NAME	ROBERT A. DEEN III
1.3 STREET ADDRESS	6401 S. WESTSHORE BLVD. #1111
1.4 CITY-ST-ZIP	TAMPA, FL 33616
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TD
3.2 NAME	STACEY CRAFT
3.3 STREET ADDRESS	2005 BELLE CHASE CIR
3.4 CITY-ST-ZIP	TAMPA, FL 33634
4.1 TITLE	ST
4.2 NAME	CYNTHIA CLEMENTS
4.3 STREET ADDRESS	14614 TURTLE CREEK CIR, #409
4.4 CITY-ST-ZIP	TAMPA, FL 33549
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Robert A. Deen III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/99 813 282-9454

Date

Daytime Phone #

CR2E037 (1/98)