

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90198 007 \*\*\*\*61.25

**DOCUMENT # N93000004022**

1. Entity Name  
**TAMPA RELIGIOUS SCIENCE CENTER, INC.**



Principal Place of Business  
**2700 N MAC DILL AVE  
SUITE 201  
TAMPA, FL 33607 US**

Mailing Address  
**2700 N MAC DILL AVE  
SUITE 201  
TAMPA, FL 33607 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3186332**

Applied For  
Not Applicable

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

**CLEMMENTS, CYNTHIA  
1626 SOUTHWIND DR  
BRANDON, FL 33510**

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 \$61.25  
Due by May 1, 2004**

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 **PT** ☐ Delete  
NAME **MARKS, PEGGIE**  
STREET ADDRESS **4628 CYPRESS WAY S**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33705**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TT** ☐ Delete  
NAME **CLEMMENTS, CYNTHIA**  
STREET ADDRESS **1626 SOUTHWIND DR**  
CITY-ST-ZIP **BRANDON, FL 33510**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPT** ☐ Delete  
NAME **SACHS, WILLIAM R**  
STREET ADDRESS **1949 DOLPHIN BLVD S**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33707**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Stephen mahalick**  
STREET ADDRESS **11501 119th Terrace N.**  
CITY-ST-ZIP **Largo FL 33778**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Carol mitchell**  
STREET ADDRESS **545 29th Ave N.**  
CITY-ST-ZIP **St. Petersburg FL 33704**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Penny Heffelfinger**  
STREET ADDRESS **400 2nd Ave NE Box 3**  
CITY-ST-ZIP **St. Petersburg FL 33701**

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:

*Cynthia L Clemmens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-04

Date

Daytime Phone #