

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90137 034 ****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		
4. FEI Number 59-3186332				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLEMENTS, CYNTHIA 1626 SOUTHWIND DR BRANDON, FL 33510				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	PT MARKS, PEGGIE 4628 CYPRESS WAYS <i>→ moved</i> SAINT PETERSBURG, FL 33705		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 414 22nd Ave SE Saint Petersburg FL 33705	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT CLEMENTS, CYNTHIA 1626 SOUTHWIND DR BRANDON, FL 33510		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Edmund Jackson 2125 W. Ferris Ave. Tampa, FL 33603	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SACHS, WILLIAM R 1949 DOLPHIN BLVD S SAINT PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MAHALICK, STEPHEN 11501 119TH TERRACE N. LARGO, FL 33778		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MITHCELL, CAROL <i>→ correct spelling</i> 545 29TH AVE. N. SAINT PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mitchell, Carol	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HEFFELFINGER, PENNY 400 2ND AVE. NE BOX 3 SAINT PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					