

2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90208 008 ****61.25

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01122006 Chg-NP CR2E037 (11/05)

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 Howard Johnson Inn Suite, Apt. #, etc. Conference Room		3. Mailing Address 414 22ND AVE N.E.		4. FEI Number 59-3186332 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State Tampa FL		City & State St Petersburg FL			
Zip 33629		Zip FL 33705			
Country US		Country US			
6. Name and Address of Current Registered Agent GLEMMMENTS, CYNTHIA 1626 SOUTHWIND DR BRANDON, FL 33510				7. Name and Address of New Registered Agent Pastor Peggie Marks 414 22ND AVE N.E. St. Petersburg FL 33705	
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 <u><i>Peggie Marks</i></u> DATE <u>4/25/06</u> <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, 2006		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 414 22ND AVE SE SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nicole McKinzie 1405 S. Lorenzo Ave #9 Tampa FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT CLEMMENTS, CYNTHIA 1626 SOUTHWIND DR BRANDON, FL 33510	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SACHS, WILLIAM R 1040 DOLPHIN BLVD S SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAHALICK, STEPHEN 11501 119TH TERRACE N. LARGO, FL 33778	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, CAROL 545 29TH AVE. N. SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEFFELFINGER, PENNY 400 2ND AVE. NE BOX 3 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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: <u><i>Peggie Marks</i></u> <u>4/25/06</u> <u>813 900-4242</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					