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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:04

DOCUMENT # N93000005260 (5)

1. Corporation Name
THE NEW CHURCH OF RELIGIOUS SCIENCE, INC.

Principal Place of Business Mailing Address
**255 WEST LAKE FAITH DRIVE
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/22/1983	3a. Date of Last Report 04/08/1994
4. FEI Number 59-3216505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1152 SOLANA AVENUE	2a. Mailing Address 26 1208 N. MILLS AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE D
City & State 23 WINTER PARK, FLORIDA	City & State 28 ORLANDO, FLORIDA
Zip 24 32789	Country 25
Zip 29 32803	Country 30

9. Name and Address of Current Registered Agent

**STRITZINGER, LEE M
255 WEST LAKE FAITH DRIVE
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name **CATHERINE ZOKAN DEPALMA**

82 Street Address (P.O. Box Number is Not Acceptable)
1329 AMERICAN ELM DRIVE

83

84 City **ALTAMONTE SPRINGS, FL** 85 Zip Code **32714**

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 Catherine Z. DePalma **CATHERINE ZOKAN DEPALMA** APRIL 10, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE P	NAME GRAVES, ROY D
STREET ADDRESS 878 TOWN CIR	CITY - ST - ZIP MAITLAND FL
TITLE S	NAME TURNER, SUSAN H
STREET ADDRESS 2727 NELA AVE	CITY - ST - ZIP ORLANDO FL
TITLE T	NAME STRITZLUCER, LORM
STREET ADDRESS 255 W LAKE FAITH DR	CITY - ST - ZIP MAITLAND FL
TITLE D	NAME MARANDA, VIOLETTA
STREET ADDRESS 2850 SO OREGON	CITY - ST - ZIP SANFORD FL
TITLE D	NAME DEPALMA, CATHERINE
STREET ADDRESS 380 LAKE MENDE CT #101	CITY - ST - ZIP ALTAMONTE SPSG FL
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME CATHERINE ZOKAN DEPALMA	
13 STREET ADDRESS 1329 AMERICAN ELM DRIVE,	
14 CITY - ST - ZIP ALTAMONTE SPRINGS, FL 32714	
21 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME VIOLETTA MIRANDA	
23 STREET ADDRESS 2850 S OREGON,	
24 CITY - ST - ZIP SANFORD, FL 32773	
31 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME ROBERT GARLANDT	
33 STREET ADDRESS 2698 DANIELLE DRIVE,	
34 CITY - ST - ZIP OVIEDO, FL 32765	
41 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME JIM MURDOCH	
43 STREET ADDRESS 612 GROVE WOOD AVENUE	
44 CITY - ST - ZIP SANFORD, FL 32773	
51 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME JOHN DEPALMA	
53 STREET ADDRESS 1329 AMERICAN ELM DRIVE	
54 CITY - ST - ZIP ALTAMONTE SPRINGS, FL 32714	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(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 on an attachment with an address.

SIGNATURE: Robert Garlandt **ROBERT GARLANDT** APRIL 10/95 (10) 880-7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Initials)