

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005260 (5)

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



Principal Place of Business
**1152 SOLANA AVE
WINTER PARK FL 32789
US**

Mailing Address
**1208 N MILLS AVENUE
SUITE D
ORLANDO FL 32803
US**

3. Date Incorporated or Qualified **11/22/1993** 3a. Date of Last Report **04/13/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3216505		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip		Zip					
24		29		30			
Country		Country					
25		30					
FL 32701							

9. Name and Address of Current Registered Agent

**CATHERINE ZOKAN DEPALMA
1329 AMERICAN ELM DRIVE
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPALMA, CATHERINE ZOKA	1.2 NAME	
STREET ADDRESS	1329 AMERICAN ELM DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRANDA, VIOLETTA	2.2 NAME	Jane Gaarlandt
STREET ADDRESS	2850 S OREGON	2.3 STREET ADDRESS	2698 Danielle Drive
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAARLANDT, ROBBERT	3.2 NAME	
STREET ADDRESS	2698 DANIELLE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIDEO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURDOCH, JIM	4.2 NAME	
STREET ADDRESS	612 GROVE WOOD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPALMA, JOHN	5.2 NAME	
STREET ADDRESS	1329 AMERICAN ELM DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	L. Ray Eisenmenger
STREET ADDRESS		6.3 STREET ADDRESS	1420 Barcelona Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Winter Springs, FL 32708

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 119.07(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: Catherine Zokan Depalma Catherine Zokan Depalma (407)246-1755 4/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)