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FILED
Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 476 E. ALTAMONTE DRIVE #108 SUITE 440 ALTAMONTE SPRINGS FL 32701-4615 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/22/1993	3a. Date of Last Report 04/18/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3216505	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CATHERINE ZOKAN DEPALMA 1329 AMERICAN ELM DRIVE ALTAMONTE SPRINGS FL 32714		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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 _____
Signature, typed or printed name of registered agent and title if applicable (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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEPALMA, CATHERINE ZOKA	1.2 NAME	Hodge, Michael
STREET ADDRESS	1329 AMERICAN ELM DRIVE	1.3 STREET ADDRESS	1263 MARINA POINT Bldg 2 #319
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAARLANDT, JANE	2.2 NAME	RAMPAL, M. J. KATE
STREET ADDRESS	2698 DANIELLE DRIVE	2.3 STREET ADDRESS	1810 MAYWOOD ROAD
CITY-ST-ZIP	OVIDO FL	2.4 CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAARLANDT, ROBERT	3.2 NAME	DEXTER, ALICE
STREET ADDRESS	2698 DANIELLE DRIVE	3.3 STREET ADDRESS	604-118 CHESTNUT OAK CR.
CITY-ST-ZIP	OVIDO FL	3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURDOCH, JIM	4.2 NAME	MURDOCH, JIM
STREET ADDRESS	612 GROVE WOOD AVENUE	4.3 STREET ADDRESS	612 GROVEWOOD AVE.
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	SANFORD FL 32173
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V.P.A.T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPALMA, JOHN	5.2 NAME	EISENMENGER, L. RAY
STREET ADDRESS	1329 AMERICAN ELM DRIVE	5.3 STREET ADDRESS	2471 CHICORY LN. #103
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	EISENMENGER, L. RAY	6.2 NAME	
STREET ADDRESS	1420 BARCELONA COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do 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 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.

L. RAY EISENMENGER

CR2E037 (9/96)