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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002165

1. Corporation Name

PEMBROKE PINES CHURCH OF RELIGIOUS SCIENCE INC.

Principal Place of Business	Mailing Address
G-207 SUITE 201 PEMBROKE PINES FL 33027 US	P.O.BOX 821097 SO.FLORIDA FL 33082-1097

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/28/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0475532 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEISER, ERWIN J 12800 SW 7 CT #207 PEMBROKE PINES FL 33027	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ERWIN J. DEISER		1.2 NAME		
STREET ADDRESS	12800 SW 7TH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		1.4 CITY-ST-ZIP	02-22-1999 90009 039 $70.00	
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GLENN ANDERSEN		2.2 NAME		
STREET ADDRESS	11328 SW 9TH MANOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33325		2.4 CITY-ST-ZIP		
TITLE	TT	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAISY RAVELO		3.2 NAME		
STREET ADDRESS	18921 NW 19TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEISER, PHYLLIS		4.2 NAME		
STREET ADDRESS	12800 SW 7TH CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3-10-99

14. 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 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, with all other like empowered.

SIGNATURE: Rev Glenn Andersen ESQUIRE ERWIN J DEISER 1/3/98 954 435-0050

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)