

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002165

1. Entity Name

PEMBROKE PINES CHURCH OF RELIGIOUS SCIENCE INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90163 035 ****70.00

Principal Place of Business

Mailing Address

G-207
SUITE 201
PEMBROKE PINES FL 33027
US

P.O. BOX 821097
SO. FLORIDA FL 33082-1097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0475532

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEISER, ERWIN J
12800 SW 7 CT #207
PEMBROKE PINES FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	ERWIN J. DEISER	
STREET ADDRESS	12800 SW 7TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GLENN ANDERSEN	
STREET ADDRESS	11328 SW 9TH MANOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33325	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEISER, PHYLLIS	
STREET ADDRESS	12800 SW 7TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEISER, PHYLLIS	
STREET ADDRESS	12800 SW 7TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNTLEY MILLER CICHELLA	
STREET ADDRESS	6328 NW 176 Terrace	
CITY-ST-ZIP	Miami FL 33015	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN TAYLOR	
STREET ADDRESS	500 NE 27TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICIA Dombey	
STREET ADDRESS	17020 NW 13TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	

12. 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 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: *Rev. Erwin J. Deiser* ERWIN J DEISER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

Date

954
435 0050

Daytime Phone #

CR2E037 (9/99)

D0003460

Pembroke Pines Church of Religious Science

Center For Positive Living

Rev. Erwin Deiser

A Science of Mind Learning Center

11

D.

JANICE BIALONIA

313 LAKEVIEW DRIVE

WESTON FL 33326