**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am Secretary of State DOCUMENT # **N94000002165** PEMBROKE PINES CHURCH OF RELIGIOUS SCIENCE INC. 01-16-2002 90033 014 \*\*\*\*70.00 Principal Place of Business Mailing Address G-207 P.O.BOX 821097 SUITE 201 SO.FLORIDA FL 33082-1097 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0475532 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) DEISER, ERWIN J -12800 SW 7 CT #207 PEMBROKE PINES FL 33027 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition ERWIN J. DEISER NAME NAME STREET ADDRESS 12800 SW 7TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 TITLE ☐ Change Delete TITLE ☐ Addition NAME **GLENN ANDERSEN** NAME STREET ADDRESS 11328 SW 9TH MANOR STREET ADDRESS CITY-ST-ZIP. FT LAUDERDALE FL 33325 CITY-ST-ZIP TITLE 🗶 Delete Change TITLE ☐ Addition DEISER, PHYLLIS 12800 SW 7TH CT DEISER, PHYLLIS NAME NAME STREET ADDRESS 12800 SW 7TH CT STREET ADDRESS PEMBROKE PINES FL 330 L7 CITY-ST-7IP PEMBROKE PINES FL 33027 CITY-ST-ZIP TITLE Delete TITLE NAVARRO, TRUBY 4700 SW 133 AVE Change ☐ Addition NAME HUNTLEY, CICHELLA M NAME STREET ADDRESS **6328 NW 176 TERRACE** STREET ADDRESS FT LAUDERDALE, FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 *33330* D ☐ Delete TITLE TAYLOR, SUSAN NAME STREET ADDRESS 500 NE 27TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE ☐ Delete TITLE Change ☐ Addition DOMBEY, ALICIA NAME STREET ADDRESS 12020 NW 13TH ST STREET ADDRESS CITY-ST-ZIP 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DE 1/7/02 954.435-0050

Date Dayline Phone #

# 10

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GIACONIA, JANICE D 323 LAKEVIEW DRUE WESTON FL 33326