

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002165

1. Entity Name
**PEMBROKE PINES CHURCH OF RELIGIOUS SCIENCE
INC.**

Principal Place of Business
**G-207
SUITE 201
PEMBROKE PINES, FL 33027 US**

Mailing Address
**P.O. BOX 821097
SO. FLORIDA, FL 33082-1097**



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ERWIN J. DEISER**
STREET ADDRESS **12800 SW 7TH CT**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE **VT**
NAME **GLENN ANDERSEN**
STREET ADDRESS **11328 SW 9TH MANOR**
CITY-ST-ZIP **FT LAUDERDALE, FL 33325**

TITLE **ST**
NAME **DEISER, PHYLLIS**
STREET ADDRESS **12800 SW 7TH CT**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE **D**
NAME **NAVARRO, TRUDY**
STREET ADDRESS **4700 SW 133 AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33330**

TITLE **D**
NAME **TAYLOR, SUSAN**
STREET ADDRESS **500 NE 27TH ST**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE **D**
NAME **DOMBEY, ALICIA**
STREET ADDRESS **12020 NW 13TH ST**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

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01/16/04-80011-018 70.00

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IN THIS SPACE**

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: Erwin J. Deiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-04 954 435-0050
Date Daytime Phone #