

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90095 001 ****70.00

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☐ CHECK HERE IF MAKING CHANGES

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	
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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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. 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.

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERWIN J. DEISER	NAME	
STREET ADDRESS	12800 SW 7TH CT	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN ANDERSEN	NAME	
STREET ADDRESS	11328 SW 9TH MANOR	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33325	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEISER, PHYLLIS	NAME	
STREET ADDRESS	12800 SW 7TH CT	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, TRUDY	NAME	
STREET ADDRESS	4700 SW 133 AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, SUSAN	NAME	
STREET ADDRESS	500 NE 27TH ST	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMBEY, ALICIA	NAME	
STREET ADDRESS	12020 NW 13TH ST	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	CITY-ST-ZIP	

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: *[Signature]* **1-5-03** **4350050**

CR2E037 (10/02)

Attachment # N94000002165

#10 Continued

D GIACONIA, JANILE
323 LAKEVIEW DRIVE
WESTON FL 33326