

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 17 1996 8:00 am  
Secretary of State

DOCUMENT # **N94000005515 (1)**

1. Corporation Name

**THE RELIGIOUS SCIENCE CENTER OF CLEARWATER'S CENTER FOR CONSCIOUS LIVING, INC.**

Principal Place of Business

P.O. BOX 17368  
CLEARWATER FL 34622-0268

Mailing Address

P.O. BOX 17368  
CLEARWATER FL 34622-0268



3. Date Incorporated or Qualified  
**11/08/1994**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-3294689**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AYERS, CHARLES A  
4563 CENTRAL AVE.  
ST. PETERSBURG FL 33713**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PTR PALMER, PATRICIA M**  
STREET ADDRESS **5117 W. NEPTUNE WAY**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **PTR Palmer, Patricia M.**  
1.3 STREET ADDRESS **719 Bayview Ave**  
1.4 CITY-ST-ZIP **Clearwater, FL 34619**

TITLE ☐ DELETE  
NAME **VTR LINEBERRY, WALTER**  
STREET ADDRESS **11033 102 TERRACE N.**  
CITY-ST-ZIP **LARGO FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **TTR AYERS, CHARLES A**  
STREET ADDRESS **5117 W. NEPTUNE WAY**  
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☒ Change ☒ Addition  
3.2 NAME **CONSTANCE J. McCAUGHEY**  
3.3 STREET ADDRESS **380 MAIN ST. #200**  
3.4 CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☒ DELETE  
NAME **S MCGRAW, SANDY**  
STREET ADDRESS **3088 EAGLES LANDING CIRCLE W.**  
CITY-ST-ZIP **CLEARWATER FL**

4.1 TITLE ☒ Change ☒ Addition  
4.2 NAME **S ELLEN WOLF-MULECK**  
4.3 STREET ADDRESS **1915 GREEN MEADOW DR.**  
4.4 CITY-ST-ZIP **LUTZ, FL 34549**

TITLE ☒ DELETE  
NAME **TR PENNINGTON, PEGGY**  
STREET ADDRESS **400 64TH AVENUE #608**  
CITY-ST-ZIP **ST. PETE BEACH FL**

5.1 TITLE ☒ Change ☒ Addition  
5.2 NAME **GENE PENNINGTON**  
5.3 STREET ADDRESS **400 64th Ave. #608**  
5.4 CITY-ST-ZIP **ST. PETE BEACH, FL**

TITLE ☒ DELETE  
NAME **TR SPRADUE, RICHARD**  
STREET ADDRESS **13808 WILDWOOD DR.**  
CITY-ST-ZIP **LARGO FL**

6.1 TITLE ☒ Change ☒ Addition  
6.2 NAME **JOHNNY SELMAN**  
6.3 STREET ADDRESS **1782 MICHIGAN AVENUE**  
6.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CONSTANCE J. McCAUGHEY**

**6/10/96 8135384140**

Date Daytime Phone

CR2E037 (3/96)