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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005515**
1. Corporation Name
**THE RELIGIOUS SCIENCE CENTER OF CLEARWATER'S
CENTER FOR CONSCIOUS LIVING, INC.**

Principal Place of Business 13575 58TH ST. N. CLEARWATER, FL 34620	Mailing Address P.O. BOX 17368 CLEARWATER, FL 32622-0268
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3. Date Incorporated or Qualified 11/08/1994	3a. Date of Last Report 6/10/1996
4. FEI Number 59-3294689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> PRESIDENT - Director <input type="checkbox"/> DELETE
NAME	PALMER, PATRICIA M (D)
STREET ADDRESS	719 BAYVIEW AVE.
CITY-ST-ZIP	CLEARWATER, FL 33713
TITLE	<input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	HOLLIS, LARRY - Director
STREET ADDRESS	3545 CENTRAL AVE. #308
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	<input type="checkbox"/> SECRETARY <input type="checkbox"/> DELETE
NAME	KAUFFMAN, LESLIE - Director
STREET ADDRESS	5950 34th street South
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	<input checked="" type="checkbox"/> Member <input type="checkbox"/> DELETE
NAME	PENNINGTON, GENE
STREET ADDRESS	400 64TH AVENUE #608
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	<input checked="" type="checkbox"/> Member <input type="checkbox"/> DELETE
NAME	GRAY, DONNA
STREET ADDRESS	1500 BEVERLY DRIVE
CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE	<input checked="" type="checkbox"/> Member <input type="checkbox"/> DELETE
NAME	ELLIE WOLF MUHLECK -
STREET ADDRESS	3316 SAN MATEO ST
CITY-ST-ZIP	CLEARWATER, FL 34619

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Member
1.3 STREET ADDRESS	POTTS, JACKIE -
1.4 CITY-ST-ZIP	7560 BAY ISLAND DR. S. #244 SO. PASADENA, FL 33707
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Treasurer
2.3 STREET ADDRESS	FLURNOY, RON - Director
2.4 CITY-ST-ZIP	7328 WINDOSR LANE CLEARWATER, FL 34624
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Member
3.3 STREET ADDRESS	PELOS, CONSTANCE -
3.4 CITY-ST-ZIP	380 Main Street #200 DUNEDIN, FL 34697-1978
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	500002217295
5.4 CITY-ST-ZIP	-06/19/97--01081--006 ***70.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Rev. Patricia M. Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Patricia M. Palmer 6/19/97 538-4140
Date Daytime Phone #

CR2E037 (9/96)