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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005515 (1)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**13575 58TH ST. N
CLEARWATER FL 34620**

**P.O. BOX 17368
CLEARWATER FL 32622-0268**

3. Date Incorporated or Qualified

11/08/1994

4. FEI Number

59-3294689

Applied For

Not Applicable

2. Principal Place of Business

21 13575 58th St. N.

Suite, Apt. #, etc.

22 Suite #144

City & State

23 Clearwater, FL

Zip

24 33760

Country

25 USA

2a. Mailing Address

26 P.O. Box 17368

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip

29 33762

Country

30 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AYERS, CHARLES A
4583 CENTRAL AVE.
ST. PETERSBURG FL 33713**

81 Name

AYERS, CHARLES A.

82 Street Address (P.O. Box Number is Not Acceptable)

Gateway Pines Executive Center

83

750 94th Ave. No., Ste #202

84 City

St. Petersburg FL

85 Zip Code

33702

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 **PD** ☐ DELETE

NAME **PALMER, PATRICIA M**
STREET ADDRESS **719 BAYVIEW AVE**
CITY-ST-ZIP **CLEARWATER FL 33713**

TITLE **TD** ☒ DELETE

NAME **FLURNOY, RON**
STREET ADDRESS **7328 WINDSOR LANE**
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE **D** ☒ DELETE

NAME **MCCAUGHEY, CONSTANCE J**
STREET ADDRESS **380 MAIN ST. #200**
CITY-ST-ZIP **DUNEDIN FL**

TITLE **D** ☒ DELETE

NAME **WOLF-MULECK, ELLEN**
STREET ADDRESS **3316 SAN MATEO ST.**
CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE **D** ☒ DELETE

NAME **PENNINGTON, GENE**
STREET ADDRESS **400 84TH AVE. #808**
CITY-ST-ZIP **ST. PETE BEACH FL 33708**

TITLE **D** ☒ DELETE

NAME **GRAY, DONNA**
STREET ADDRESS **1500 BEVERLY DR.**
CITY-ST-ZIP **CLEARWATER FL 34624**

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Agnes Davis**
1.3 STREET ADDRESS **14550 Apache Avenue**
1.4 CITY-ST-ZIP **Largo, FL 33774**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Leslie H. Kauffman**
2.3 STREET ADDRESS **5950 34th St. So.**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33711**

3.1 TITLE **T** ☐ Change ☒ Addition

3.2 NAME **Jane Duvall**
3.3 STREET ADDRESS **1544 San Mateo Drive**
3.4 CITY-ST-ZIP **Dunedin, FL 34698**

4.1 TITLE **T** ☐ Change ☒ Addition

4.2 NAME **Patricia Southwick**
4.3 STREET ADDRESS **9000 Commodore Dr. #404**
4.4 CITY-ST-ZIP **Seminole, FL 33776**

5.1 TITLE **T** ☐ Change ☒ Addition

5.2 NAME **William R. Sachs**
5.3 STREET ADDRESS **3051 Beach Blvd So. #7**
5.4 CITY-ST-ZIP **Gulfport, FL 33707**

6.1 TITLE **T** ☐ Change ☒ Addition

6.2 NAME **Linda Kearns**
6.3 STREET ADDRESS **1984 Whitney Way**
6.4 CITY-ST-ZIP **Clearwater, FL 33760**

14. 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 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. Pat Palmer

Rev. Pat Palmer

1/13/98

(813) 538-4140

CP2E037 (10/97)