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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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
STE 144
CLEARWATER FL 33760
US

Mailing Address

P.O. BOX 17368
CLEARWATER FL 33762
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/08/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3294689	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent

AYERS, CHARLES A
GATEWAY PINES EXECUTIVE CENTER
750 94TH NO, STE 202
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, PATRICIA M	1.2 NAME	Dianne Cambas
STREET ADDRESS	719 BAYVIEW AVE	1.3 STREET ADDRESS	2363D Flanders Way
CITY-ST-ZIP	CLEARWATER FL 33713	1.4 CITY-ST-ZIP	Safety Harbor, FL 34695
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUFFMAN, LESLIE H	2.2 NAME	Linda Kearns
STREET ADDRESS	5950 34TH ST S	2.3 STREET ADDRESS	1984 Whitney Way
CITY-ST-ZIP	ST PETERSBURG FL 33711	2.4 CITY-ST-ZIP	Clearwater, FL 33760
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUVALL, JANE	3.2 NAME	Bill Muhleck
STREET ADDRESS	1544 SAN MATEO DRIVE	3.3 STREET ADDRESS	3316 San Mateo Street
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, AGNES	4.2 NAME	Emily Flowers
STREET ADDRESS	14550 APACHE AVE	4.3 STREET ADDRESS	4913 1/2 27th Avenue So.
CITY-ST-ZIP	LARGO FL 33774	4.4 CITY-ST-ZIP	Gulfport, FL 33707
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	d <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOUTHWICK, PATRICIA	5.2 NAME	Oma Redden
STREET ADDRESS	9000 COMMODORE DR, #404	5.3 STREET ADDRESS	10185 113th Place No.
CITY-ST-ZIP	SEMINOLE FL 33776	5.4 CITY-ST-ZIP	Largo, FL 33773
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACHS, WILLIAM R	6.2 NAME	Nina Vaznelis
STREET ADDRESS	3051 BEACH BLVD, SO 7	6.3 STREET ADDRESS	7983 Chaucer Drive
CITY-ST-ZIP	GULFPORT FL 33707	6.4 CITY-ST-ZIP	Spring Hill, FL 34607

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)