

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 28, 2006**  
**Secretary of State**

DOCUMENT# N94000005515

**Entity Name:** THE RELIGIOUS SCIENCE CENTER OF CLEARWATER'S CENTER FOR CONSCIOUS LIVING, INC.**Current Principal Place of Business:**6152 126TH AVE. N.  
# 500  
LARGO, FL 33773 US**New Principal Place of Business:****Current Mailing Address:**6152 126TH AVE. N.  
# 500  
LARGO, FL 33773 US**New Mailing Address:****FEI Number:** 59-3294689**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WEEKS, BARBARA  
12622 LAKE HILLS DR.  
RIVERVIEW, FL 33569 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** BROES, CHARLES MR.  
**Address:** 7029 PELICAN ISLAND DRIVE  
**City-St-Zip:** TAMPA, FL 33634**Title:** VPD ( ) Delete  
**Name:** REGAN, ROBERT D REV.  
**Address:** 6550 150TH AVE N. #F211  
**City-St-Zip:** CLEARWATER, FL 33760**Title:** SD ( ) Delete  
**Name:** WALL, HELEN MRS.  
**Address:** 6066 113TH AVE., N  
**City-St-Zip:** PINELLAS PARK, FL 33782**Title:** TD ( ) Delete  
**Name:** BRANNEN, JOEL MR.  
**Address:** 1634 DREW ST.  
**City-St-Zip:** CLEARWATER, FL 33755**Title:** D ( ) Delete  
**Name:** ABBOTT, JULIE MS  
**Address:** 7331 DEMSNS DR., S.  
**City-St-Zip:** ST. PETERSBURG, FL 33712**Title:** D ( ) Delete  
**Name:** ROBERTS, NORMA MS.  
**Address:** 2005 12TH AVE. S.  
**City-St-Zip:** ST. PETERSBURG, FL 33712**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** ABBOTT, JULIE MS  
**Address:** 7331 DEMSNS DR. S.  
**City-St-Zip:** ST. PETERSBURG, FL 33712**Title:** VPD (X) Change ( ) Addition  
**Name:** BATES, APRIL MS  
**Address:** 625 66TH AVE  
**City-St-Zip:** ST. PETERSBURG, FL 33705**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** TD (X) Change ( ) Addition  
**Name:** BRAUN-SMITH, JILL REV.  
**Address:** 4621 KENSINGTON  
**City-St-Zip:** TAMPA, FL 33629**Title:** D (X) Change ( ) Addition  
**Name:** REGAN, ROBERT D REV.  
**Address:** 6550 150TH AVE N., #F-211  
**City-St-Zip:** CLEARWATER, FL 33760**Title:** D (X) Change ( ) Addition  
**Name:** DREWS, LARRY MR.  
**Address:** 3600 17TH AVE. N  
**City-St-Zip:** ST. PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D. REGAN

D

11/28/2006

Electronic Signature of Signing Officer or Director

Date