

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005515

FILED  
May 01, 2007  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WEEKS, BARBARA  
12622 LAKE HILLS DR.  
RIVERVIEW, FL 33569 US

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: ABBOTT, JULIE MS  
Address: 7331 DEMENS DR. S.  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VPD ( ) Delete  
Name: BATES, APRIL MS  
Address: 625 66TH AVE  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: SD ( ) Delete  
Name: WALL, HELEN MRS.  
Address: 6066 113TH AVE., N  
City-St-Zip: PINELLAS PARK, FL 33782

Title: TD ( ) Delete  
Name: BRAUN-SMITH, JILL REV.  
Address: 4621 KENSINGTON  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: REGAN, ROBERT D REV.  
Address: 6550 150TH AVE N., #F-211  
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete  
Name: DREWS, LARRY MR.  
Address: 3600 17TH AVE. N  
City-St-Zip: ST. PETERSBURG, FL 33713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ABBOTT, JULIE MS  
Address: 7700 61ST STREET N.  
City-St-Zip: PINELLAS PARK, FL 33781

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

05/01/2007

Electronic Signature of Signing Officer or Director

Date