

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003307 (4)

1. Corporation Name

MIAMI RELIGIOUS SCIENCE SOCIETY, INC.



Principal Place of Business

Mailing Address

2124 NE 123 STREET, SUITE 205-47
NORTH MIAMI FL 33181

2124 NE 123 STREET, SUITE 205-47
NORTH MIAMI FL 33181

2. Principal Place of Business

21 1855 NE 121 ST

Suite, Apt. #, etc.

22 #2

City & State

23 North Miami

Zip

24 33181

Country

25 Dade

2a. Mailing Address

26 1855 NE 121 ST

Suite, Apt. #, etc.

27 #2

City & State

28 North Miami

Zip

29 33181

Country

30 Dade

3. Date Incorporated or Qualified
07/12/1995

3a. Date of Last Report
June 30-1996

4. FEI Number

94-31841238

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HIGGS, BARBARA
19100 NE 13TH AVENUE
NORTH MIAMI FL 33161

address changed

10. Name and Address of New Registered Agent

81 Name

same Barbara Higgs

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

Barbara Higgs 1855 NE 121 ST #1

83

North Miami

84 City

FL

85 Zip Code

33181

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

Rev Barbara J. Higgs, President

BARBARA J. HIGGS

June 30, 1996

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME Oliver Johnson, Vice Pres
STREET ADDRESS 1651 NE 111 ST # C-16
CITY-ST-ZIP Miami, Fla. 33181

TITLE ☒ DELETE

NAME Treasurer Pauline Thomas
STREET ADDRESS 15300 S.W. 51 ST
CITY-ST-ZIP Miami, Fla. 33027

TITLE ☒ DELETE

NAME Member Priscilla Gomez
STREET ADDRESS 1120 NE 110 Ave
CITY-ST-ZIP N. Miami 33161

TITLE ☒ DELETE

NAME Barbara Higgs, Pres
STREET ADDRESS 1855 NE 121 ST #2
CITY-ST-ZIP N. Miami 33181

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☒ Change ☐ Addition

1.2 NAME Oliver Johnson
1.3 STREET ADDRESS 1651 NE 111 ST #C-16
1.4 CITY-ST-ZIP Miami, Fla. 33181

2.1 TITLE Treasurer ☒ Change ☐ Addition

2.2 NAME Pauline Thomas
2.3 STREET ADDRESS 15300 S.W. 51 ST
2.4 CITY-ST-ZIP Miami, Fla. 33027

3.1 TITLE Member ☒ Change ☐ Addition

3.2 NAME Priscilla Gomez
3.3 STREET ADDRESS 1120 NE 110 Ave
3.4 CITY-ST-ZIP N. Miami 33161

4.1 TITLE President ☒ Change ☐ Addition

4.2 NAME Barbara Higgs
4.3 STREET ADDRESS 1855 NE 121 ST #2
4.4 CITY-ST-ZIP N. Miami 33181

5.1 TITLE

5.2 NAME 600001919236
5.3 STREET ADDRESS -08/12/96--01045--007
5.4 CITY-ST-ZIP ***70.00

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Barbara J. Higgs BARBARA J. HIGGS

President

June 30-96

895 78 12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)