

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004856 (9)

1. Corporation Name

CENSORED SCIENCE INC.

Principal Place of Business

Mailing Address

1200 MATHEWS ST.
NAPLES FL 33962

1200 MATHEWS ST.
NAPLES FL 33962

3490 S.E. 186 AVE
Morrison, FL 32668

PO Box 457
Morrison, FL 32668



2. Principal Place of Business

2a. Mailing Address

21 3490 S.E. 186 Ave

26 PO Box 457

Suite, Apt., etc.

Suite, Apt., etc.

22 City & State

27 City & State

23 Morrison, FL

28 Morrison, FL

24 32668 25 USA

29 32668 30 USA

3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report

4. FEI Number

65-0625770

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

10. Name and Address of New Registered Agent

STEWART, JAMES C JR.
C/O STEWART & STORTER, ATTORNEYS AT LAW
2121 COUNTY RD. 951, SUITE 101
GOLDEN GATE FL 33999

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

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 D
NAME FRATES, DEBRA C
STREET ADDRESS 1200 MATHEWS ST. PO Box 445
CITY-ST-ZIP NAPLES FL 33962 Morrison, FL 32668

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Frates, Debra C
PO Box 445 - (3490 SE 186 Ave)
Morrison, FL 32668

☒ Change

☐ Addition

TITLE D
NAME TOMEI, DOM
STREET ADDRESS NEW HOPE MINISTRIES- 7500 DAVIS BLVD.
CITY-ST-ZIP NAPLES FL 33942

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Frates, Stephen H
PO Box 445 - (3490 SE 186 Ave)
Morrison, FL 32668

☐ Change

☒ Addition

TITLE D
NAME WHITLOCK, JILL
STREET ADDRESS 8725 MORRIS RD.
CITY-ST-ZIP FT. MYERS FL 33901

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Staton, Keeth
11664 N. Kenlake Circle
Citrus Springs, FL 34434

☐ Change

☒ Addition

TITLE D
NAME FRATES, STEPHEN H.
STREET ADDRESS PO Box 445
CITY-ST-ZIP Morrison, FL 32668

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Smith, Riley
2831 S.E. 17th St.
Ocala, FL 34471

☐ Change

☒ Addition

TITLE D
NAME Staton, Keeth
STREET ADDRESS 11664 N. Kenlake Circle
CITY-ST-ZIP Citrus Springs, FL 34434

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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***61.25

☐ Change

☐ Addition

TITLE D
NAME Riley Smith
STREET ADDRESS 2831 S.E. 17th St.
CITY-ST-ZIP Ocala, FL 34471

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7-16-96
JL

☐ Change

☐ Addition

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:

D. Frates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/96 (352) 528-2255

Date

Daytime Phone

CR2E037 (3/96)