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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004250 (4)**

1. Corporation Name

SARASOTA CHURCH OF RELIGIOUS SCIENCE, INC.



Principal Place of Business 8669 COUNTRY LAKES DRIVE SARASOTA FL 34243	Mailing Address 5669 COUNTRY LAKES DRIVE SARASOTA FL 34243
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3. Date Incorporated or Qualified 08/12/1996
4. FEI Number 65-0687664
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHURCHMAN, JUDITH 5669 COUNTRY LAKES DRIVE SARASOTA FL 34243	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D Vice President <input type="checkbox"/> DELETE
NAME	BOUCHER, ALICE
STREET ADDRESS	8013 23RD AVENUE WEST
CITY-ST-ZIP	BRADENTON FL 34205
TITLE	D <input type="checkbox"/> DELETE
NAME	CARRISON, GRIFFIN
STREET ADDRESS	7221 ALDERWOOD DRIVE
CITY-ST-ZIP	SARASOTA FL 34243
TITLE	D President <input type="checkbox"/> DELETE
NAME	CHURCHMAN, JUDITH
STREET ADDRESS	8669 COUNTRY LAKES DRIVE
CITY-ST-ZIP	SARASOTA FL 34243
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GAETA, TONI
STREET ADDRESS	8618 MARINA DRIVE
CITY-ST-ZIP	BRADENTON FL 34281
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, HOWARD
STREET ADDRESS	8609 GLEN OAKS MANOR DRIVE
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VARRO, PRUDIE
STREET ADDRESS	8713 GUILDER STREET
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joellen Barngrover
1.3 STREET ADDRESS	4533 Wilkinson Rd.
1.4 CITY-ST-ZIP	Sarasota, FL 34233
2.1 TITLE	Miriam Rand Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2603 Purcell Circle
2.3 STREET ADDRESS	Sarasota, FL 34234
2.4 CITY-ST-ZIP	
3.1 TITLE	Nazen Wiles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	4510 Basti Drive
3.3 STREET ADDRESS	Sarasota, FL 34232
3.4 CITY-ST-ZIP	
4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joanne Pressler
4.3 STREET ADDRESS	P.O. Box 5963 3260 Restful Lane
4.4 CITY-ST-ZIP	Sarasota, FL 34205 34231
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

CR2E037 (10/97)