NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700001864

1. Corporation Name

SOUTH BEACH SOCIETY OF RELIGIOUS SCIENCE, INC.

Principal Place of Business

Mailing Address

455 ECPLANOLA-ST MIAMI-BEACH FL 22141

2. Principal Place of Business

P.O. BOX 41-5129 MIAMI BEACH FL 33141

2a. Mailing Address

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90014 008 ****61.25



	(1811) (1 86): 18 (1) 88 (1)		
\$ 			
		 	

3. Date Incorporated or Qualifed

17550 Collins Ave.		26	26			04/01/1997				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number	Ар	plied For			
22		27	27		65-0748611		No	t Applicable		
City & State City & State City & State				5. Certifcate of Status Desired		\$8.75				
25 20							Fee Re	<u>'</u>		
Zip			Country		6. Election Campaign Financing		\$5.00	- 1		
24 33160 25 USA 29 30			30	Trust Fund Contribution Added to Fees				o Fees		
Name and Address of Current Registered Agent				Management	10. Name and Address of New	Registered A	gent			
			81	Name						
HARTE, GREGORY			82	82 Street Address (P.O. Box Number is Not Acceptable)						
- 8501 CRESPI BLVD #8				500 N. CONGRESS AVE., #B210						
- MIAMI BEACH FL 33141			83		d					
L.			84	City			85 Zip (Code		
		•	-	DELRAY	Y BEACH	<u> </u>	33	445		
11. Pursuant t	to the provisions of Sections 617.	.0502 and 617:1508 Florida Statute	s, the above	-named corpo	pration submits this statement for the	purpose of c	hanging its	registered		
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	tate of porida. Such change was aubligations of, Section 617.0503, Flori	itnonzed by ida Statutes.	ine corporation	it's board of directors. Thereby acce	spr the appoint	unen as ia	gistered		
SIGNATURE	hier	(Hart			7/	7/99		ļ		
	Signature, coed or prigled name of religite ed	d agent and title if applicable. (NOTE:	Registered Agen	t signature required		DATE	.,			
12. QFFLORS AND DIRECTORS 13		13.		ADDITIONS/CHANGES TO OF						
TITLE	PD	☐ DELETE	1.1 TITLE	I	PD		XX Change	☐ Addition		
NAME	HARTE, GREG		1.2 NAME	l i	HARTE, GREGORY			ļ		
STREET ADDRESS	8501 CRESPI BLVD., #6		1.3 STREET		500 N. CONGRESS AVE			{		
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST	-ZIPI	<u>DELRAY BEACH, FL 33</u>					
TITLE	VPD	☐ DELETE	2.1 TITLE		/PD		XX Change	Addition		
NAME	AMEY, PAT		2.2 NAME	I	AMEY, PATRICIA S.					
STREET ADDRESS	7510 BILTMORE BLVD		2.3 STREET	ADDITION	7510 BILTMORE BLVD.					
CITY-ST-ZIP	MIRAMAR FL *33385		2. 4 CITY-S	r-zip N	MURAMAR, FL 33023:					
TITLE	SD	XXDELETE	3.1 TITLE				Change	☐ Addition		
NAME .	TAYLOR, WAYNE		3.2 NAME	. -	• •					
STREET ADDRESS	445 NE 93RD STREET		3.3 STREET	ADDRESS				}		
CITY-ST-ZIP	MIAMI SHORES FL 33138		3.4. CITY-S	T-ZIP						
TITLE	TD	☐ DELETE	4.1 TITLE		TD		XXChange	☐ Addition		
NAME	HARTE, DEBORAH M		4. 2 NAME		HARTE, DEBORAH M.			j		
STREET ADDRESS	445 NE 93RD STREET		4.3 STREET	ADDRESS .	500 N. CONGRESS AVE	. #B210				
CITY-ST-ZIP	MIAMI SHORES FL 33138		4.4 CITY-ST	.zıp li	DELRAY BEACH, FL 33	445				
TITLE	HALL WILL OF THE GOTTON	☐ DELETE	5.1 TITLE				☐ Change	Addition		
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADORESS				(
CITY-ST-ZIP			5.4 CITY-S1	-ZIP				{		
TITLE		☐ DELETE	6.1 TITLE				Change	Addition		
NAME			6.2 NAME					}		
STREET ADDRESS			6.3 STREET	ADDRESS				l		
CITY-ST-ZIP			6.4 CITY-ST	-ZIP						
₩11-91-ΔP]										

14. I hereby certify that the information supplied with this filing does not quality 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 find 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, with all other like empowered.

SIGNATURE:

305-903-9060

Daytime Phone #