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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90145 022 \*\*\*\*70.00

0039505

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000004150**

1. Corporation Name

**FIRST INDEPENDENT CHURCH OF RELIGIOUS SCIENCE, I  
NC.**

Principal Place of Business

Mailing Address

~~1532 NORTHEAST 27TH STREET~~  
~~FORT LAUDERDALE FL 33334~~

~~1532 NORTHEAST 27TH STREET~~  
~~FORT LAUDERDALE FL 33334~~



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 **1518 N.E. 4<sup>th</sup> AVE**

26 **1518 NE 4<sup>th</sup> AVE**

**07/23/1997**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**65-0772150**

Applied For

Not Applicable

23 **F. LANDDALE, FL**

28 **F. LANDDALE FL**

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

24 **33304** 25 **Broward**

29 **FL 33304** 30 **Broward**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DREWS, BERND P PH. D.**  
**1532 NE 27TH STREET**  
**SUITE 1**  
**FORT LAUDERDALE FL 33334**

81 Name **B. P. DREWS Ph.D**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1532 N.E. 27<sup>th</sup> St**

83

84 City **FORT LANDDALE**

**FL**

85 Zip Code  
**33334**

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 **PD** ☐ DELETE  
NAME **DREWS, BERND-PETER REV**  
STREET ADDRESS **1532 NORTHEAST 27TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334 33304**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**PD.** ☒ Change ☐ Addition  
**DREWS, B.P. REV.**  
**1518 NE 4<sup>th</sup> AVE**  
**FL LANDDALE FL 33304**

TITLE **TD** ☐ DELETE  
NAME **DREWS, JEAN**  
STREET ADDRESS **1532 NORTHEAST 27TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334 33304**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**TD** ☒ Change ☐ Addition  
**DREWS, JEAN**  
**1518 NE 4<sup>th</sup> AVE**  
**FL LANDDALE FL 33304**

TITLE **SD** ☐ DELETE  
NAME **MORGAN, GEORGE III REV.**  
STREET ADDRESS **1532 NORTHEAST 27TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334 33304**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**SD** ☒ Change ☐ Addition  
**MORGAN, GEORGE III REV.**  
**1518 NE 4<sup>th</sup> AVE**  
**FL LANDDALE FL 33304**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

**1-5-99 954-4634303**