

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 700353

**Entity Name:** FIRST CHURCH OF RELIGIOUS SCIENCE, INC.

**Current Principal Place of Business:**

1550 N.E. 26TH ST  
WILTON MANORS, FL 33305

**Current Mailing Address:**

1550 N.E. 26TH ST  
WILTON MANORS, FL 33305

**FEI Number:** 59-1027751

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUMP, ARLEEN  
2601 NE 14TH AVE  
APT 400  
OAKLAND PARK, FL 33334 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	D	Title	SEC
Name	BUMP, ARLEEN	Name	DEGROOT, IRENE
Address	2740 N PALM AIRE DR	Address	37 TOLEDO CT
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	DAVIE FL 33324
Title	TREA	Title	D
Name	WRIGHT, LEONARD	Name	FLUXA, JULIO C
Address	619 ORTON AVE #202	Address	7118 BONITA DR, APT 801
City-State-Zip:	FORT LAUDERDALE FL 33304	City-State-Zip:	MIAMI BEACH FL 33141
Title	PRES	Title	VP
Name	STOCKING, GLENN	Name	MCBRIDE, DAVID
Address	1221 HILLSBORO MILE APT 8A	Address	2726 SE 9TH ST
City-State-Zip:	HILLSBORO BEACH FL 33062	City-State-Zip:	POMAPNO BEACH FL 33062
Title	OFFICER	Title	D
Name	BOGEN, ANNE	Name	LUCKIN, ROBERT
Address	510 NW 84TH AVE APT 434	Address	1052 HARWOOD E
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	DEERFIELD BEACH FL 33342

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONARD WRIGHT

TREA

05/24/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name ZAZZERA, NICHOLAS JR.  
Address 443 POINICIAN ISLAND DR.  
City-State-Zip: SUNNY ISLES FL 33160