

**2014 FLORIDA NOT FOR PROFIT CORPORATION 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            PRESIDENT  
Name            BUMP, ARLEEN  
Address        2601 NE 14TH AVE  
                  400  
City-State-Zip: OAKLAND PARK FL 33334

Title            VP  
Name            DEGROOT, IRENE  
Address        37 TOLEDO CT  
City-State-Zip: DAVIE FL 33324

Title            TREA  
Name            WRIGHT, LEONARD  
Address        720 BAYSHORE  
                  301  
City-State-Zip: FORT LAUDERDALE FL 33304

Title            LAY MEMBER  
Name            STOCKING, GLENN  
Address        1221 HILLSBORO MILE APT 8A  
City-State-Zip: HILLSBORO BEACH FL 33062

Title            LAY MEMBER  
Name            BOGEN, ANNE  
Address        510 NW 84TH AVE  
                  APT 434  
City-State-Zip: PLANTATION FL 33324

Title            LAY MEMBER  
Name            LUCKIN, ROBERT  
Address        1052 HARWOOD E  
City-State-Zip: DEERFIELD BEACH FL 33342

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

Title            SECRETARY  
Name            JOHNSON, JAMES R  
Address        735 NE 34TH CT.  
City-State-Zip: FORT LAUDERDALE FL 33334

*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:** DR. ARLEEN BUMP

**PRESIDENT**

**03/18/2014**

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

\_\_\_\_\_  
Date