

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 700353

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

**Current Principal Place of Business:**

4849 N DIXIE HWY  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

4849 N DIXIE HWY  
OAKLAND PARK, FL 33334 US

**FEI Number:** 59-1027751

**Certificate of Status Desired:** No

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

BUMP, ARLEEN  
3200 PORT ROYALE DR.  
THE TOWER #807  
FORT LAUDERDALE, FL 33308 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        3200 POET ROYALE DR.  
                  THE TOWER # 807  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            SECRETARY  
Name            BRYANT, PAMELA  
Address        2607 NE 8TH AVE  
                  25  
City-State-Zip: WILTON MANORS FL 33334

Title            LAY MEMBER  
Name            GIBSON, WAYNE  
Address        2939 CROSSWAY CKE FOREST CIR  
City-State-Zip: ATLANTA GA 30319

Title            ELDER  
Name            BUCKLEY, FRANCIS  
Address        821 CYPRESS BLVD  
                  UNIT 506  
City-State-Zip: POMPANO BEACH FL 33069

Title            VP  
Name            MICHAELS, CHRIS DR.  
Address        161 NW 34TH STREET  
City-State-Zip: OAKLAND PARK FL 33309

Title            LAY MEMBER  
Name            MIKEL, KENNETH  
Address        106 LAKE EMERALD DR.  
                  416  
City-State-Zip: OAKLAND PARK FL 33309

Title            LAY MEMBER  
Name            GESEL, KEN  
Address        2893 N OAKLAND FORREST DR.  
                  233  
City-State-Zip: OAKLAND PARK FL 33309

Title            TREASURER  
Name            CRAMER, TRACY  
Address        1625 NE 7TH ST.  
City-State-Zip: FORT LAUDERDALE FL 33304

*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

**PRES**

**06/07/2016**

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

\_\_\_\_\_  
Date