

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700353

**FILED**  
**Jan 10, 2018**  
**Secretary of State**  
**CC2841692225**

**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:** Yes

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

MICHAELS, CHRIS DR.  
161 NW 34TH ST.  
OAKLAND PARK, FL 33309 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:** DR. CHRIS MICHAELS

01/10/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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 106 LAKE EMERALD DR.  
314  
City-State-Zip: OAKLAND PARK FL 33309

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

Title PRESIDENT  
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

Title LAY MEMBER  
Name SMITH, JEANNE  
Address 918 N PALMWAY  
City-State-Zip: LAKE WORTH FL 33460

*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. CHRIS MICHAELS

**PRESIDENT**

01/10/2018

Electronic Signature of Signing Officer/Director Detail

Date