

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34160

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

**FILED**  
**Apr 10, 2015**  
**Secretary of State**  
**CC6816872505**

**Current Principal Place of Business:**

709 EDGEWATER DR.  
ORLANDO, FL 32804

**Current Mailing Address:**

1523 GOLDEN POPPY CT.  
ORLANDO, FL 32824 US

**FEI Number: 59-1031400**

**Certificate of Status Desired: Yes**

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

CHABROL, BRANDY E  
1523 GOLDEN POPPY CT  
ORLANDO, FL 32824 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 T  
Name RESTA, THOMAS  
Address 2009 VALENCIA RD  
City-State-Zip: ORLANDO FL

Title SL  
Name CHABROL, BRANDY  
Address 1523 GOLDEN POPPY CT  
City-State-Zip: ORLANDO FL 32824

Title PT  
Name BROWN, ROSCOE  
Address 3620 PELICAN LANE  
City-State-Zip: ORLANDO FL 32803

Title VP, SECRETARY  
Name MINOR, CHERYL  
Address 2895 WILDHORSE RD  
City-State-Zip: ORLANDO FL 32822

Title TRUSTEE  
Name LEVINE, ROGER  
Address 9305 REDFISH COVE  
City-State-Zip: APOPKA FL 32703

*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: BRANDY E. CHABROL**

**SPIRITUAL DIRECTOR / 04/10/2015**  
**TRUSTEE**

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

\_\_\_\_\_  
Date