

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771274 (8)
1. Corporation Name
OCALA SCIENCE OF MIND, INC.



Principal Place of Business: 1009 N.E. 28TH AVENUE, OCALA FL 34470, US
Mailing Address: 1009 N.E. 28TH AVENUE, OCALA FL 34470, US

3. Date Incorporated or Qualified: 11/16/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21-22: Suite, Apt. #, etc.
23: City & State
24: Zip, Country
25-26: Suite, Apt. #, etc.
27: City & State
28: Zip, Country
29-30: Zip, Country

4. FEI Number: 59-2414466
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SHIELDS, JOHN P.
1009 NE 28TH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: JOHN P. SHIELDS, TREASURER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 4/28/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLS, HECTOR	
STREET ADDRESS	532 BAHIA CIRCLE TERR	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ZURAWSKI, GAIL	
STREET ADDRESS	1105 NE 12 ST	
CITY-ST-ZIP	OCALA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KISSEL, BETTY	
STREET ADDRESS	10818 SW 87TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHIELDS, JOHN P.	
STREET ADDRESS	320 SE 55TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S HUGHES, KAREN
2.3 STREET ADDRESS	1568 N.E. 10TH STREET
2.4 CITY-ST-ZIP	OCALA, FL 34470
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VPD DEANER, GWEN
3.3 STREET ADDRESS	13719 S.E. DSWANNE
3.4 CITY-ST-ZIP	SUMMERFIELD, FL 34491
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/28/96
Daytime Phone #: (352) 732-8011

CR2E037 (12/95)