


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

04-18-2005 90297 044 ****61.25

DOCUMENT # 771274					
1. Entity Name RELIGIOUS SCIENCE CHURCH OF MARION COUNTY AND SCIENCE OF MIND CENTER, INC. OAKBROOK LIFE ENRICHM					
Principal Place of Business 1009 N.E. 28TH AVENUE OCALA, FL 34470 US		Mailing Address 1009 N.E. 28TH AVENUE OCALA, FL 34470 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2414466	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
8. 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. I am familiar with, and accept the obligations of registered agent.		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOSTETLER, MARGARET C REV 1009 N.E. 28TH AVE. OCALA, FL 34470			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	SHEREE DENEU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, LINDA		NAME	5431 NE 35th ST. LOT 50	
STREET ADDRESS	3323 N.E. 14TH ST A10		STREET ADDRESS	SILVER SPRINGS, FL 34488	Member
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	ANN ROBINSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, KEN		NAME	3135 SE 178th AVE	
STREET ADDRESS	14 CARVER COURT	President	STREET ADDRESS	SILVER SPRINGS, FL 34488	Secretary
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	CAROL STOBREN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WADE, KEN		NAME	7200 NW 137th AVE	
STREET ADDRESS	PO BOX 4058		STREET ADDRESS	MORRISTON, FL 32668	Member
CITY-ST-ZIP	BELLEVUE, FL 34421		CITY-ST-ZIP		
TITLE	TT	<input type="checkbox"/> Delete	TITLE	REV PEGGY HOSTETLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, NICK		NAME	15150 NE 216th CT.	
STREET ADDRESS	4421 N.E. 11 ST.	Treasurer	STREET ADDRESS	FT. MCCOY, FL 32134	Member
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, STEVEN		NAME		
STREET ADDRESS	11488 NE 40TH ST RD	Vice-President	STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLEY, BEVERLY ANN		NAME		
STREET ADDRESS	3150 NE 38TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34479		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Margaret C. Hostetler</i>		SIGNATURE: <i>Margaret C. Hostetler</i>		Date: 4/12/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	