


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90316 047 \*\*\*\*61.25

<b>DOCUMENT # 771274</b>					
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 Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOSTETLER, MARGARET C REV 1009 N.E. 28TH AVE. OCALA, FL 34470				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DENGU, SHEREE		NAME		
STREET ADDRESS	5431 NE 35TH ST. LOT 50		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREEN, KEN		NAME	C. V CINDY GRIMES	
STREET ADDRESS	14 CARVER COURT		STREET ADDRESS	405 SE 51ST AVE	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	S	<input type="checkbox"/> Delete	TITLE	M	<input checked="" type="checkbox"/> Change
NAME	ROBINSON, ANN		NAME	ROBINSON, ANN	<input type="checkbox"/> Addition
STREET ADDRESS	3135 SE 178TH AVE		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEORGE, NICK		NAME		
STREET ADDRESS	4421 N.E. 11 ST.		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change
NAME	DENNIS, STEVEN		NAME	DENNIS, STEVEN	<input type="checkbox"/> Addition
STREET ADDRESS	11498 NE 40TH ST RD		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change
NAME	SJOGREN, CAROL		NAME	SJOGREN, CAROL	<input type="checkbox"/> Addition
STREET ADDRESS	7200 NW 137TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MORRISTON, FL 32668		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> Margaret C. Hostetler 4/11/06 352-629-3897					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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