


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90124 014 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2414466	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 re-registering) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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 type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENGU, SHEREE		NAME	DENUE SHEREE	
STREET ADDRESS	5431 NE 35TH ST. LOT 50		STREET ADDRESS	5431 NE 35th St. Lot 52	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, CINDY		NAME		
STREET ADDRESS	405 SE 51ST AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ANN		NAME	Robinson, Ann	
STREET ADDRESS	3135 SE 178TH AVE		STREET ADDRESS	2135 SE 178th Ave.	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	T	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, NICK		NAME	George, Nick	
STREET ADDRESS	4421 N.E. 11 ST.		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS, STEVEN		NAME	Schneider, Marilyn	
STREET ADDRESS	11498 NE 40TH ST RD		STREET ADDRESS	1810 A West Glen Eagles Road	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Ocala, FL 34472	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SJOGREN, CAROL		NAME		
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 another like empowered.					
SIGNATURE: <i>Nicholas J. Geyer</i>			7-10-07 (352) 361-3500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		