

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771274

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** OAKBROOK CENTER FOR SPIRITUAL LIVING, INC.

**Current Principal Place of Business:**

1009 N.E. 28TH AVENUE  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

1009 N.E. 28TH AVENUE  
OCALA, FL 34470 US

**New Mailing Address:**

FEI Number: 59-2414466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HOSTETLER, MARGARET C REV  
1009 N.E. 28TH AVE.  
OCALA, FL 34470 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PR  
Name: SCHNEIDER, MARILYN  
Address: 733 E FORT KING ST  
City-St-Zip: Ocala, FL 34471

Title: VP  
Name: LUCIUS, FRANK  
Address: 13675 NE 238 CT  
City-St-Zip: SALT SPRINGS, FL 32134

Title: TREA  
Name: GREEN, KENNETH  
Address: 800 NE 50 AVE  
City-St-Zip: Ocala, FL 34470

Title: S  
Name: PAGE, SHERRY  
Address: 713 ORCHID ST  
City-St-Zip: LADY LAKE, FL 32159

Title: MEM  
Name: SANDS, DIANNE  
Address: 9160 SW 104 PL  
City-St-Zip: Ocala, FL 34481

Title: MEM  
Name: PIPER, JON  
Address: P.O. BOX 357579  
City-St-Zip: GAINESVILLE, FL 32635

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: MARGARET C. HOSTETLER

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03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date