


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 771274 (8)
1. Corporation Name
Religious Science Church of Marion County
and
Science of Mind Center, Inc.
Oakbrook Life Enrichment Center



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

3. Date Incorporated or Qualified 11/16/1983
3a. Date of Last Report 05/01/1996

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

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 Rev. Ronald Lee Urban
82 Street Address (P.O. Box Number is Not Acceptable) 1009 N.E. 28th Avenue
83
84 City Ocala FL 85 Zip Code 34470

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 *Ronald Lee Urban* RONALD LEE URBAN April 3, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, HECTOR	
STREET ADDRESS	632 BAHIA CIRCLE TERR	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, KAREN	
STREET ADDRESS	1588 NE 10TH ST	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DEANER, GWEN	
STREET ADDRESS	13719 SE 25TH AVE	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	TD	<input checked="" 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	President "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ann Robinson	
1.3 STREET ADDRESS	5053-B NW Cty. Hwy. #225-A	
1.4 CITY-ST-ZIP	Ocala, Fl. 34482	
2.1 TITLE	Vice President "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rick Bencsik	
2.3 STREET ADDRESS	1009 N.E. 28th Avenue	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lucy Kikuchi	
3.3 STREET ADDRESS	P. O. Box 640202 (N/A)	
3.4 CITY-ST-ZIP	Beverly Hills, Fl. 34454	
4.1 TITLE	Treasurer "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Young, Phyllis M.	
4.3 STREET ADDRESS	513 SE 16th Ave P.O. Box 2020	
4.4 CITY-ST-ZIP	Silver Springs Fl. 34489	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)