

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771274

Entity Name: OAKBROOK CENTER FOR SPIRITUAL LIVING, INC.**Current Principal Place of Business:**1009 N.E. 28TH AVENUE
OCALA, FL 34470**Current Mailing Address:**1009 N.E. 28TH AVENUE
OCALA, FL 34470 US**FEI Number:** 59-2414466**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOSTETLER, MARGARET C
2701 NE 10 ST.
APT 501
OCALA, FL 34470 US*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:** MARGARET C HOSTETLER

04/14/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PR
Name DECKANT, GAIL E
Address 19231 SE 21ST PLACE
City-State-Zip: MORRISTON FL 32668

Title VP
Name ALLEN, ERIC
Address 7 SAPHIRE WAY
City-State-Zip: OCALA FL 34472

Title TREA
Name GREEN, KENNETH JR
Address 800 NE 50 AVE
City-State-Zip: OCALA FL 34470

Title S
Name CASTILLO-PEREZ, LEDA
Address 4067 SW 46 TERR
City-State-Zip: OCALA FL 34474

Title MEM
Name DAVIS, DONNA
Address 12099 SW 38TH ST
City-State-Zip: OCALA FL 34481

Title MEM
Name RESNICK, SENDER
Address 3 SAPHIRE CT
City-State-Zip: OCALA FL 34472

Title MEM
Name HOSTETLER, MARGARET C
Address 2701 NE 10 ST
APT 501
City-State-Zip: OCALA FL 34470

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

SENIOR MINISTER

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date