

2015 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

04/16/2015

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 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 HOSTETLER, MARGARET C
Address 2701 NE 10 ST
APT 501
City-State-Zip: Ocala FL 34470

Title TREASURER
Name GRIMES, CYNTHIA COTTO
Address 405 SE 51ST AVENUE
City-State-Zip: Ocala FL 34471

Title SECRETARY
Name HOLLOWAY, SHANNA
Address 304 OAK TRACK COURSE
City-State-Zip: Ocala FL 34472

Title MEMBER
Name VARUOLO, TADYLUS
Address 304 OAK TRACK COURSE
City-State-Zip: Ocala FL 34472

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 HOSTETLER

SR. MINISTER

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date