

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771274

**FILED**  
**Jun 19, 2018**  
**Secretary of State**  
**CC7326599777**

**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:**

GRIMES, CYNTHIA C  
405 SE 51ST AVENUE  
OCALA, FL 34471 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:** CYNTHIA C GRIMES

06/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MEMBER  
Name CLARK, RON  
Address 19231 SE 21ST PLACE  
City-State-Zip: MORRISTON FL 32668

Title SECRETARY  
Name CASTILLO-PEREZ, LEDA  
Address 4900 SW 46TH CT.  
#312  
City-State-Zip: OCALA FL 34474

Title VP  
Name DAVIS, DONNA  
Address 303 SE WENONA AVE  
City-State-Zip: OCALA FL 34471

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

Title TREASURER  
Name ANDERSON, NORMA  
Address 303 SE WENONA AVE  
City-State-Zip: OCALA FL 34471

Title PRESIDENT  
Name JENSEN, RICHARD  
Address 1009 N.E. 28TH AVENUE  
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:** CYNTHIA GRIMES

REVEREND

06/19/2018

Electronic Signature of Signing Officer/Director Detail

Date