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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771274

1. Corporation Name

RELIGIOUS SCIENCE CHURCH OF MARION COUNTY AND SCIENCE OF MIND CENTER, INC. OAKBROOK LIFE ENRICHM

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

11/16/1983

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

9. Name and Address of Current Registered Agent

URBAN, REV. RONALD L.
1009 N.E. 28TH AVE.
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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
NAME ROBINSON, ANN
STREET ADDRESS 5053-B NW CITY., HWY. 225-A
CITY-ST-ZIP Ocala FL

TITLE VPD
NAME MARION LONG
STREET ADDRESS 233 SW 8TH ST
CITY-ST-ZIP Ocala FL 34474

TITLE ST
NAME LINDA REED
STREET ADDRESS 3323 NE 14TH ST A10
CITY-ST-ZIP Ocala FL 34470

TITLE TD
NAME YOUNG, PHYLLIS M.
STREET ADDRESS 513 SE 164TH AVE.
CITY-ST-ZIP SILVER SPRINGS FL

TITLE T
NAME PAULA BYFIELD
STREET ADDRESS 3 OAK CT PASS
CITY-ST-ZIP Ocala FL 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME ROBINSON, ANN
1.3 STREET ADDRESS 5053 B NW HWY 225 A
1.4 CITY-ST-ZIP Ocala, FL 34482

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S.D.
3.2 NAME REED, LINDA
3.3 STREET ADDRESS 3323 NE 14 ST. A10
3.4 CITY-ST-ZIP Ocala, FL 34470

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Ann Robinson* ANN ROBINSON

2/20/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)