2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771274

HOSTETLER, MARGARET GIREV

1009 N.E. 28TH AVE. OCALA FL 34470

1. Entity Name

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

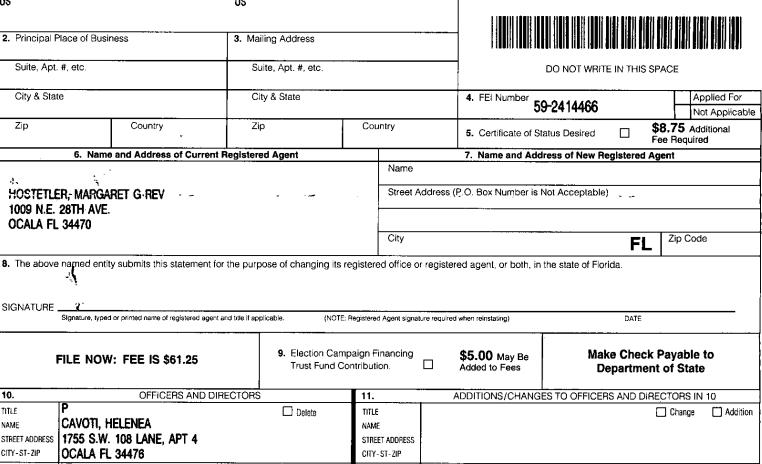
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

Principal Place of Busines	s	Mailing Address						
1009 N.E. 28TH AVENUE OCALA FL 34470 US		1009 N.E. 28TH AVENUE OCALA FL 34470 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State	,					
7:-	Country	7:0	Country					

FILED Jan 29, 2002 8:00 am Secretary of State

01-29-2002 90016 036 ****61.25



FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable to Department of State			
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS	P CAVOTI, HELENEA 1755 S.W. 108 LANE, APT 4	☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition	6)
CITY-ST-ZIP	OCALA FL 34476		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HROBAK, HOWARD 12320 S.W. 71 LANE RD. OCALA FL 34481	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2E037
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	S MCINTOSH, JIM 1810A W. GLENEAGLES RD. OCALA FL 34472	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linear Committee Constitution	the second second second	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGE, NICK 4421 N.E. 11 ST. OCALA FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAT GORE, TERI 1952 S.E. TWINBRIDGE CIR. OCALA FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
	MAT TRAYNOR, SUSAN 902 N.E. 46 CT.	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

Name

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like, **é**mpowéred.

352-629-389**7**