

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

1/1:

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90194 037 \*\*\*\*61.25

**DOCUMENT # 771274**

1. Entity Name

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



Principal Place of Business

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

Zip

Country

Zip

Country

4. FEI Number **59-2414466**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOSTETLER, MARGARET K REV**  
**1009 N.E. 28TH AVE.**  
**OCALA FL 34470**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rev. Margaret C. Hostetler*

Rev. Margaret C. Hostetler, Sr. Minister 1/14/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAVOTI, HELENEA</b> <b>1755 S.W. 108 LANE, APT 4</b> <b>OCALA FL 34476</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HROBAK, HOWARD</b> <b>12320 S.W. 71 LANE RD.</b> <b>OCALA FL 34481</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCINTOSH, JIM</b> <b>1810A W. GLENEAGLES RD.</b> <b>OCALA FL 34472</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GEORGE, NICK</b> <b>4421 N.E. 11 ST.</b> <b>OCALA FL 34470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAT</b> <b>GORE, TERI</b> <b>1952 S.E. TWINBRIDGE CIR.</b> <b>OCALA FL 34471</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAT</b> <b>TRAYNOR, SUSAN</b> <b>902 N.E. 48 CT.</b> <b>OCALA FL 34470</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Linda Reed</b> <b>3323 NE 14th St A10</b> <b>OCALA FL 34470</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Ken Green</b> <b>14 Cherry Lane</b> <b>Ocala, FL 34472</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>McIntosh, Jim</b> <b>1810A W Gleneagles Rd</b> <b>OCALA, FL 34472</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>George, Nick</b> <b>4421 NE 11th St.</b> <b>OCALA, FL 34470</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE:

*Margaret C. Hostetler*

Rev. Margaret C. Hostetler, Sr. Minister 1/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)