


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

5/1

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-07-2004 90121 005 ****61.25

| | | | |
|---|--|---|--|
| DOCUMENT # 771274 | |  | |
| 1. Entity Name RELIGIOUS SCIENCE CHURCH OF MARION COUNTY AND SCIENCE OF MIND CENTER, INC. OAKBROOK LIFE | | | |
| 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 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent HOSTETLER, MARGARET C. REV 1009 N.E. 28TH AVE. OCALA FL 34470 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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 <i>Rev. Margaret C. Hostetler</i> | | Rev. Margaret C. Hostetler Senior Minister | |
| Signature, typed or printed name of registered agent and fee if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| DATE 5/4/04 | | DATE | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PT REED, LINDA 3323 N.E. 14TH ST A10 OCALA FL 34470 | <input type="checkbox"/> Delete | P PRESIDENT GREEN, KEN 14 CARVER CT. OCALA, FL. 34472 |
| TITLE | VPT GREEN, KEN 14 CARVER COURT OCALA FL 34472 | <input type="checkbox"/> Delete | LOAR KEN VICE PRESIDENT WADE P.O. Box 4058 Bellevue, FL 34421 |
| TITLE | ST MCINTOSH, JIM 1810A W. GLENEAGLES RD. OCALA FL 34472 | <input checked="" type="checkbox"/> Delete | Reed Linda - MEMBER 3323 N.E. 14th St A10 OCALA, F 34470 |
| TITLE | TT GEORGE, NICK 4421 N.E. 11 ST. OCALA FL 34470 | <input type="checkbox"/> Delete | TT TREASURER GEORGE, NICK 4421 NE 11TH ST. OCALA, FL. |
| TITLE | | <input type="checkbox"/> Delete | DENNIS, STEVEN MEMBER 11498 N.E. 40th. Strd OCALA, FL Silver Springs 34498 |
| TITLE | | <input type="checkbox"/> Delete | DOOLEY, BEVERLYANN 3156 N.E. 36th Ave OCALA, F 34479 |
| 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: <i>Margaret C. Hostetler</i> | | Margaret C. Hostetler | |
| SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Sr. Minister | |
| | | (352) 629-3897 5/4/04 | |

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MOORE CR2E037 (11/03)