

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771274

FILED
Mar 02, 2010
Secretary of State

Entity Name: OAKBROOK CENTER FOR SPIRITUAL LIVING, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2414466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOSTETLER, MARGARET C REV
1009 N.E. 28TH AVE.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PR
Name: SCHNEIDER, MARILYN
Address: 733 E FORT KING ST
City-St-Zip: OCALA, FL 34471

Title: VP
Name: LUCIUS, FRANK
Address: 13675 NE 238 CT
City-St-Zip: SALT SPRINGS, FL 32134

Title: TREA
Name: GREEN, KENNETH
Address: 800 NE 50 AVE
City-St-Zip: OCALA, FL 34470

Title: S
Name: PAGE, SHERRY
Address: 713 ORCHID ST
City-St-Zip: LADY LAKE, FL 32159

Title: MEM
Name: SANDS, DIANNE
Address: 9160 SW 104 PL
City-St-Zip: OCALA, FL 34481

Title: MEM
Name: PIPER, JON
Address: P.O. BOX 357579
City-St-Zip: GAINESVILLE, FL 32635

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: MARGARET C. HOSTETLER

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03/02/2010

Electronic Signature of Signing Officer or Director

Date