

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90107 050 ****61.25

0011807

DOCUMENT # N93000005260

1. Entity Name

THE ORLANDO CHURCH OF RELIGIOUS SCIENCE, INC.

Principal Place of Business

Mailing Address

1954 HOWELL BRANCH ROAD
 SUITE 100
 WINTER PARK FL 32792
 US

1954 HOWELL BRANCH ROAD
 SUITE 100
 WINTER PARK FL 32792
 US

848351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3216505

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CATHERINE ZOKAN DEPALMA
 1329 AMERICAN ELM DRIVE
 ALTAMONTE SPRINGS FL 32714

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.

SIGNATURE

Catherine Zokan Depalma

4/23/02

No change

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **DEPALMA, JOHN REV**
 STREET ADDRESS **1329 AMERICAN ELM DR**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **S** Change Addition
 NAME **JOHN ALEXANDER**
 STREET ADDRESS **252 SPGS COLONY DRIVE #183**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **V** Delete
 NAME **DEPALMA, CATHERINE Z**
 STREET ADDRESS **1329 AMERICAN ELM DR**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **COVJET-KAPSCHA, WAREVA** Change Addition
 NAME **ONE PLEASANT HILL**
 STREET ADDRESS **DE BAAY, FL. 32713**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HENDERSON, CAROL**
 STREET ADDRESS **937 CARIBBEAN PL**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **HASSINGER, JANE**
 STREET ADDRESS **247 ALSTON DR**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **THOMPSON, ROBERT**
 STREET ADDRESS **108 ALDER CT**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DIAZ, ANTHONY**
 STREET ADDRESS **876 BREAKWATER DR**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Catherine Zokan Depalma

4/23/02

(407) 673-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)