

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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90312 034 ****61.25

DOCUMENT # N93000005260

1. Entity Name
THE ORLANDO CHURCH OF RELIGIOUS SCIENCE'S SPIRITUAL CENTER OF THE INSTITUTE FOR

Principal Place of Business
 1800 PEMBROOK DR, SUITE 300
 ORLANDO FL 32810
 US

Mailing Address
 1800 PEMBROOK DR, SUITE 300
 ORLANDO FL 32810
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

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
 or JOHN
CATHERINE ZOKAN DEPALMA
 1329 AMERICAN ELM DRIVE
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
 Name **Catherine Zokan DePalma**
 Street Address (P.O. Box Number is Not Acceptable)
same as listed
 or John DePalma
 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 Catherine Zokan DePalma DATE 2/12/04

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 Due By May 1, 2004

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 PD	DEPALMA, JOHN REV 1329 AMERICAN ELM DR ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE D	Hill, Melanie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 320 W. Lakeview St., #213 Orlando, FL 32804
TITLE VD	DEPALMA, CATHERINE Z 1329 AMERICAN ELM DR ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE BT	Becker, Linda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9255 Sonia St. Orlando, FL 32825
TITLE S	HENDERSON, CAROL 937 CARIBBEAN PL CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete	TITLE -	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S D	TAYLOR, J. 308 FLORIDA AVENUE WINTER GARDEN FL 34787 <input type="checkbox"/> Delete	TITLE -	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	CUYJET-KAPSCH, WAUKENA 1 PLEASANT HILL DRIVE DEBARY FL 32713 <input type="checkbox"/> Delete	TITLE -	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	Becker, Linda <input type="checkbox"/> Delete	TITLE -	<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: John A. DePalma or Catherine Zokan DePalma PRESIDENT DATE 2/12/04 DAYTIME PHONE # (407)673-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #