

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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*

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

TITLE D ☐ Change ☒ Addition  
NAME Hill, Melanie  
STREET ADDRESS 320 W. Lakeview St., #213  
CITY-ST-ZIP Orlando, FL 32804

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

TITLE BT ☐ Change ☒ Addition  
NAME Becker, Linda  
STREET ADDRESS 9255 Sonia St.  
CITY-ST-ZIP Orlando, FL 32825

TITLE ~~S~~ ☒ 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 ~~S D~~ ☐ Delete  
NAME TAYLOR, J.  
STREET ADDRESS 308 FLORIDA AVENUE  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CUYJET-KAPSCH, WAUKENA  
STREET ADDRESS 1 PLEASANT HILL DRIVE  
CITY-ST-ZIP DEBARY FL 32713

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~T~~ ☐ Delete  
NAME ~~Becker, Linda~~  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John A. DePalma* or *Catherine Zokan DePalma*  
PRESIDENT

*2/12/04*

*(407)673-3030*