

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90214 039 ****61.25

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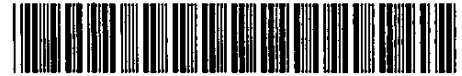


1. Entity Name

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

14007512



1st MOORE CR2E037 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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, 2005

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	DEPALMA, JOHN REV	1329 AMERICAN ELM DR	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
VD	DEPALMA, CATHERINE Z	1329 AMERICAN ELM DR	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
D	HILL, MELANIE	320 W LAKEVIEW ST #213	ORLANDO FL 32804	<input checked="" type="checkbox"/>
S	TAYLOR, J.	308 FLORIDA AVENUE	WINTER GARDEN FL 34787	<input checked="" type="checkbox"/>
D	CUYJET-KAPSCH, WAUKENA	1 PLEASANT HILL DRIVE	DEBARY FL 32713	<input checked="" type="checkbox"/>
	BECKER, LINDA	9255 SONIA ST	ORLANDO FL 32825	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	Depalma, John Rev	1329 American Elm Dr.	Altamonte Springs, FL 32714	<input checked="" type="checkbox"/>
PD	Depalma Catherine Rev	1329 American Elm Dr.	Altamonte Springs, FL 32714	<input checked="" type="checkbox"/>
D	Brown, David	639 Laurel Oak Lane, Unit 121	Altamonte Springs, FL 32701	<input type="checkbox"/>
D	Mixson, Lyne	3401 Chelsea St.	Orlando, FL 32803	<input type="checkbox"/>
D	Reece Linda	896 Claydon Way	Altamonte Springs, FL 32701	<input checked="" type="checkbox"/>
D	Hutchinson, Stacy	1327 Villa Lane, 44	Apopka, FL 32712	<input checked="" type="checkbox"/>

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: *Rev. Catherine Z. Depalma* *Rev. Catherine Z. Depalma*
 4/24/05 (407)673-3030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #