

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Catherine Z. Depalma
4/24/05 (407)673-3030
Date Daytime Phone #