


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90203 027 ****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 City & State The Spiritual Center P O Box 940310 Maitland FL 32794-0310		3. Mailing Address 1st MOORE CR2E037 (10/05)	
Zip SEMINOLE		Country SEMINOLE	
4. FEI Number 59-3216505		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CATHERINE ZOKAN DEPALMA 1329 AMERICAN ELM DRIVE ALTAMONTE SPRINGS FL 32714		7. Name and Address of Now Registered Agent 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 <u>Catherine Zokan Depalma</u> DATE <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input checked="" type="checkbox"/> VD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DEPALMA, JOHN REV 1329 AMERICAN ELM DR ALTAMONTE SPRINGS FL 32714	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	D LINDA REECE 896 CLAYDON WAY ALTAMONTE SPRINGS, FL 32791
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	PD DEPALMA, CATHERINE Z 1329 AMERICAN ELM DR ALTAMONTE SPRINGS FL 32714	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	D ESMINE ANTHONY 103 HIGHLAND COURT LAKE MARY, FL 32746
TITLE <input checked="" type="checkbox"/> VD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BROWN, DAVID 639 LAUREL OAK LANE UNIT 121 ALTAMONTE SPRINGS FL 32701	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	D MARLENE DEBLAU 254 BLUESTONE PLACE CASSELBERRY, FL 32707
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	D MIXSON, LYNNE 3401 CHELSEA ST ORLANDO FL 32801	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	D CUIJET-KAPSCH, WAUKENA 896 CLAYDON WAY ALTAMONTE SPRINGS FL 32701	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, LINDA 1327 VILLA LANE, 44 APOPKA FL 32712	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 4/25/06 (407)673-3030
Catherine Zokan Depalma