2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90234 008 ****70.00

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

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

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

04232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #: 622 N. Thornton Ave.
Suite, Apt. #, etc.: Suite C
City & State: Orlando, FL
Zip: 32803 Country: USA

3. Mailing Address: P.O. Box 940310
Suite, Apt. #, etc.:
City & State: Maitland, FL
Zip: 32794 Country: USA

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
CATHERINE ZOKAN DEPALMA
1329 AMERICAN ELM DRIVE
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	VD	☐ Delete	PD	☒ Change ☐ Addition
NAME	DEPALMA, JOHN REV		DePalma, John Rev.	
STREET ADDRESS	1329 AMERICAN ELM DR		1329 American Elm Dr.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		Altamonte Springs, FL 32714	
TITLE	PD	☐ Delete	VD	☒ Change ☐ Addition
NAME	DEPALMA, CATHERINE Z		DePalma, Catherine Z. Rev.	
STREET ADDRESS	1329 AMERICAN ELM DR		1329 American Elm Dr.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		Altamonte Springs, FL 32714	
TITLE	D	☐ Delete	D	☐ Change ☒ Addition
NAME	BROWN, DAVID		DeBlau, Marlene	
STREET ADDRESS	639 LAUREL OAK LANE UNIT 121		256 Bluestone Place	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		Casselberry, FL 32707	
TITLE	D	☒ Delete	D	☐ Change ☒ Addition
NAME	MIXSON, LYNNE		Diaz, Anthony	
STREET ADDRESS	3401 CHELSEA ST		914 W. Princeton St.	
CITY-ST-ZIP	ORLANDO, FL 32801		Orlando, FL 32804	
TITLE	D	☒ Delete		☐ Change ☐ Addition
NAME	REECE, LINDA			
STREET ADDRESS	896 CLAYDON WAY			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701			
TITLE	D	☐ Delete		☐ Change ☐ Addition
NAME	ANTHONY, ESMINE			
STREET ADDRESS	103 HIGHLAND COURT			
CITY-ST-ZIP	LAKE MARY, FL 32746			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 — Catherine Zokan DePalma — 4/24/07 — (407)673-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #