


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90234 008 \*\*\*\*70.00

<b>DOCUMENT # N93000005260</b>			
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	
2. Principal Place of Business - No P.O. Box # 622 N. Thornton Ave.		3. Mailing Address P.O. Box 940310	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Maitland, FL	
Zip 32803		Country USA	
Zip 32794		Country USA	
4. FEI Number 59-3216505		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VD DEPALMA, JOHN REV 1329 AMERICAN ELM DR ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DePalma, John Rev. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1329 American Elm Dr. Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEPALMA, CATHERINE Z 1329 AMERICAN ELM DR ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DePalma, Catherine Z. Rev. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1329 American Elm Dr. Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DAVID 639 LAUREL OAK LANE UNIT 121 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeBlau, Marlene <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 256 Bluestone Place Casselberry, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIXSON, LYNNE 3401 CHELSEA ST ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diaz, Anthony <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 914 W. Princeton St. Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REECE, LINDA 896 CLAYDON WAY ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, ESMINE 103 HIGHLAND COURT LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #	