

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 08, 2009  
Secretary of State

DOCUMENT# N93000005260

**Entity Name:** THE ORLANDO CHURCH OF RELIGIOUS SCIENCE'S SPIRITUAL CENTER OF THE INSTITUTE FOR CONSCIOUS LEADERSHIP, INC.

**Current Principal Place of Business:**

622 N. THORNTON AVE  
SUITE C  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 940310  
MAITLAND, FL 32794 US

**New Mailing Address:**

FEI Number: 59-3216505      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

JOHN A. DEPALMA  
1329 AMERICAN ELM DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: JOHN A. DEPALMA

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEPALMA, JOHN REV  
Address: 1329AMERICAN ELM DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD ( ) Delete  
Name: DEPALMA, CATHERINE Z  
Address: 1329 AMERICAN ELM DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: BROWN, DAVID  
Address: 639 LAUREL OAK LANE UNIT 121  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: DIAZ, ANTHONY  
Address: 914 W. PRINCETON ST.  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: DEBLAU, MARLENE  
Address: 256 BLUESTONE PLACE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: ANTHONY, ESMINE  
Address: 103 HIGHLAND COURT  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DEPALMA, JOHN REV  
Address: 1329 AMERICAN ELM DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. DEPALMA

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date