

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90063 014 ****61.25

DOCUMENT # N93000005260



1. Entity Name
**THE ORLANDO CHURCH OF RELIGIOUS SCIENCE'S SPIRIT
UAL 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**

11000437



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3216505**

Applied For

Not Applicable

Zip Country Zip Country

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

Catherine Zokan DePalma *2/13/02*

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

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. 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	P	<input type="checkbox"/> Delete
NAME	DEPALMA, JOHN REV	
STREET ADDRESS	1329 AMERICAN ELM DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEPALMA, CATHERINE Z	
STREET ADDRESS	1329 AMERICAN ELM DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, CAROL	
STREET ADDRESS	937 CARIBBEAN PL	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HASSINGER, JANE	
STREET ADDRESS	247 ALSTON DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, JOHN	
STREET ADDRESS	252 SPGS COLONY DR #183	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, ANTHONY	
STREET ADDRESS	876 BREAKWATER DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Taylor
STREET ADDRESS	308 Florida Ave
CITY-ST-ZIP	Winter Garden FL 34787
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Waukena Cuyjet-Kapsch
STREET ADDRESS	1 Pleasant Hill Dr.
CITY-ST-ZIP	Debarry FL 32713
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

Catherine Zokan DePalma *2/13/02*

CR2E037 (10/02)