FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766705 (8)

1. Corporation Name

UNIVERSAL SCIENCE OF MIND CHURCH, INC.

Principal Place of Business	Mailing Address
2056 LINHART AVE. FORT MYERS FL 33901	2056 LINHART AVE. FORT MYERS FL 33901

3. Date Incorporated or Qualified: **01/26/1983**
3a. Date of Last Report: **01/10/1995**

2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-2337696** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

BLAIR, HARRY A
2138 HOOPLE ST
FT. MYERS FL 33901

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	WHALLIN, DOROTHY		1.2 NAME	CHRIS MANCARE	
STREET ADDRESS	205 E. PALM DRIVE RT. 10		1.3 STREET ADDRESS	2509 SE 25TH PLACE	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	SD	☑ DELETE	2.1 TITLE	TD	☐ Change ☑ Addition
NAME	MOHARRAM, GITTEL		2.2 NAME	ROBERT WILKE	
STREET ADDRESS	3357-2 YUKON CIRCLE		2.3 STREET ADDRESS	4316 S PACIFIC CIRCLE	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	NO FT MYERS, FL 33903	
TITLE	TD	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	MARBLE, GLORIA		3.2 NAME	DONNA MILES	
STREET ADDRESS	1148 HARBOR DR.		3.3 STREET ADDRESS	4944 CLEVELAND AVE.	
CITY-ST-ZIP	N. FT. MYERS FL		3.4 CITY-ST-ZIP	FT MYERS, FL 33907	
TITLE	D	☐ DELETE	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	O'BRIEN, BARBARA		4.2 NAME	BARBARA O'BRIEN	
STREET ADDRESS	5776 BASS CIRCLE		4.3 STREET ADDRESS	5776 BASS CIRCLE	
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME			5.2 NAME	BOB CARPENZANO	
STREET ADDRESS			5.3 STREET ADDRESS	563 SAN JOSE ST	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NO FT MYERS FL 33903	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	GERRY SWARTZ	
STREET ADDRESS			6.3 STREET ADDRESS	335 BAMBOO DR.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	NO FT MYERS FL 33917	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara O'Brien 1/23/96 941 574-8896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara O'Brien

CR2E037 (12/95)