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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

766705

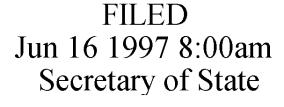
(8)

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 33901-6127





						1				
						3. Date Incorporated or Qualified 01/26/1983 05/0			ast Report 1/1996	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				59-2337696			Not Applicable	
Sulte, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required				
City & State City & State						6. Election Campaign Financing		\$5	.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for i	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes Yes No				
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered Agent				
	- -			81	Name					
BLAIR, HARRY A				82 Street Address (P.O. Box Number is Not Acceptable)						
	OPLE ST		Ollost Al			aroos (1.6. pox rumbor to riot rosopiac	,			
	RS FL 33901		83			3				
				84	04.			lasi	Zip Code	
				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 Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	D	DELETE	1.1 TI	TLE	(7)	REASULER!		Z Ch	13	
NAME	MANGARE; CHRIS		1.2 N	AME	Y .	man lander & Col	2500	اس) ر		
STREET ADDRESS	2507-SE-25TH PL.	•			ETADDRESS 1081 PALM AVE. N.F.M.					
CITY-ST-ZIP	CAPE-OORAL-FL	tt-ft."			-2 * 3.20 .25 16					
TITLE	TD	DELETE	2.1 TO	TLE		SECRETARS:		Z -Ch	ange 🔲 Addition	
NAME	WILKE, ROBERT		2.2 N	AME	7	Charles Green	L			
STREET ADDRESS	i anno a magnin den			REET ADDRESS 1 123 8 Mendares						
CITY-ST-ZIP	N. FT. MYERS FL			2 4 CITY-ST-ZIP CT. M) LVS, FL. 33908 3.1 TITLE PRESIDENT: Addition						
TITLE	SD	■ DELET E	3.1 T(TLE	77	Pagside NT:		X Ch	ange Addition	
NAME	MILES, DONNA		3.2 N	AME		Charles Greek				
STREET ADDRESS	4944 CLEVELAND AVE.		3.3 \$	TREET .	ADDRESS	Challes Greek			. Am.	
CITY-ST-ZIP	FT. MYERS FL	_	3.4. 0	uTY-S	T-ZIP	7238 Mendry a		-/~	~ 1	
TITLE	PD	DELETE	4.1 Ti	TLE	7			Ch Ch	ange 🔲 Addition	
NAME	O'BRIEN, BARBARA		4.21	AME	(20)	V. Presiden	/:	٠		
STREET ADDRESS	5776 BASS GIRCLE		4.3 S	TREET .	ADDRESS	VOAN OLIVER-	. MA	~ G	ERI	
CITY-ST-ZIP	FTMYERS-GL	_	440	ITY-S1	T-7IP	1804 MORENO	HVe	•	3350/	
TITLE	D	DELETE	5.1 TI		70	Parliamentari	4415	Ch Ch	ange Addition	
NAME	CARPEZANO, BOB	•	5.2 N	AME	79!	PARCHAMENIARI	4101			
STREET ADDRESS	563 SAN JOSE ST.		5.3.5	TREET	ADDRESS .	DONNAMILES		0	30	
CITY-ST-ZIP	N. FTMYERS-FL		•	TY-\$1	1-ZIP	DONNAMILES 4944 CLEVELAN	d	ت	33907	
TITLE	D	DELETE	6.1 TI					Ch	ange	
NAME	SWARTZ, GERRY	y -	6.2 N	AME					1	
STREET ADDRESS	335 BAMBOO DR.				ADDRESS					
CITY-ST-ZIP	N_FT: MEYERS FL			ITY-S						
14. I do heret	by certify that the information supplie	d with this filing does not quali	fy for the	exe	mption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify	/ that the	

I do 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 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.

CR2E037 (9/96)