

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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FORT MYERS FL 33901

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

01/26/1983

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30, 1998

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

Melanie Burns

2047 Linhart Ave

Ft. Myers

85 Zip Code
33901

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

Melanie Burns

(NOTE: Registered Agent signature required when reinstating)

DATE

11/30/98

12. OFFICERS AND DIRECTORS

TITLE DT
NAME GORSUCH, MARJORIE E
STREET ADDRESS 1081 PALM AVE N.F.M
CITY-ST-ZIP CAPE CORAL FL

TITLE S
NAME GREER, CHARLES
STREET ADDRESS 7238 HENDRY CREEK DR
CITY-ST-ZIP FT. MYERS FL

TITLE DP
NAME GREER, CHARLES
STREET ADDRESS 7238 HENDRY CREEK DR
CITY-ST-ZIP FT. MYERS FL

TITLE DVP
NAME OLIVER-MANGERI, VOAN
STREET ADDRESS 1804 MORENO AVE
CITY-ST-ZIP FT. MYERS FL

TITLE S
NAME MILES, DONNA
STREET ADDRESS PARLIAMANTARIAN, 1011 CLEVELAND ST
CITY-ST-ZIP FT. MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT "T"
1.2 NAME Greer, Charles
1.3 STREET ADDRESS 7238 Hendry Creek Dr.
1.4 CITY-ST-ZIP Ft. Myers, FL 33908

2.1 TITLE T
2.2 NAME Melanie Burns
2.3 STREET ADDRESS 2047 Kurtz St.
2.4 CITY-ST-ZIP Ft. Myers, FL 33901

3.1 TITLE T
3.2 NAME Gorsuch, Marjorie
3.3 STREET ADDRESS 1081 Palm Ave
3.4 CITY-ST-ZIP Cape Coral, FL

4.1 TITLE T
4.2 NAME Wilke, Bob
4.3 STREET ADDRESS 4318 Pacific Circle
4.4 CITY-ST-ZIP Ft. Myers, FL

5.1 TITLE T
5.2 NAME Smith, Kathy
5.3 STREET ADDRESS 308 Cultural Park Blvd
5.4 CITY-ST-ZIP Cape Coral, FL 33990

6.1 TITLE T
6.2 NAME Madden, Neil
6.3 STREET ADDRESS 22460 Fountain Lakes
6.4 CITY-ST-ZIP Estero, FL 33928

14. 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 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:

Melanie Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 3377353

FILED

98 DEC 10 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FL 32301-0111

***340.00 ***236.25



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