

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 # **735946** (6)

1. Corporation Name

NEW THOUGHT SCIENCE OF MIND CENTER, INC.



Principal Place of Business

Mailing Address

**154 E. FOWLER AVE SUITE H
STE. H
TAMPA FL 33612-5429
US**

**1511 E. FOWLER AVE
SUITE H
TAMPA FL 33612-5429
US**

3. Date Incorporated or Qualified

05/28/1976

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 **1511 E. FOWLER AVE.**

4. FEI Number

59-1677404

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

10. Name and Address of New Registered Agent

**LEPERE, WR
6809 N. DIXON AVENUE
TAMPA FL 33604**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **LARSEN, BARBARA**
STREET ADDRESS **1912 EAST HANNA**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **LE PERE, EDITH**
STREET ADDRESS **6809 N. DIXON AVENUE**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **LE PERE WR**
STREET ADDRESS **6809 N DIXON AVE**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ROBERT, MILLER**
STREET ADDRESS **18089 SKILFISH DR.**
CITY-ST-ZIP **LUTZ FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **18089 SAILFISH DR.**
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CROSS, PAT**
STREET ADDRESS **4401 PLAZA DRIVE**
CITY-ST-ZIP **HOLIDAY FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COPLIN, DAVID**
STREET ADDRESS **14529 WILLOW LANE 263**
CITY-ST-ZIP **TAMPA FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **14529 WILLOW LANE 263**
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W. R. LePere, Sr. **W. R. LePere, Sr.**

2/22/96 813-238-2515

CR2E037 (12/95)