



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 715012</b> 1. Entity Name SCIENCE OF MIND CENTER, A UNITED CHURCH OF RELIGIOUS SCIENCE, INC.						FILED 06 OCT 23 AM 10: 03 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 3742 K-VILLE AVENUE AUBURDALE, FL 33823-9670				Mailing Address 3742 K-VILLE AVENUE AUBURDALE, FL 33823-9670							
2. Principal Place of Business		3. Mailing Address		101520061 REIN-NP		CR2E099 (11/05)		06			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1714179		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable			
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent							
MCGORDON, JACKIE 828 WEST 2ND STREET LAKELAND, FL 33805-4226				7. Name and Address of New Registered Agent							
				Name <i>William Gress</i>							
				Street Address (P.O. Box Number is Not Acceptable) <i>2205 Port Street</i>							
				City <i>Winter Haven</i> FL Zip Code <i>33881</i>							
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 <i>William Gress</i>				DATE <i>10-18-06</i>							
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW!!! FEE IS \$236.25</b>				<b>Make check payable to Florida Department of State</b>							
<b>After January 1, 2007, Fee will be \$297.50</b>											
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE P	MCGORDON, JACKIE <input checked="" type="checkbox"/> Delete				TITLE <i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME					NAME	<i>William Gress</i>					
STREET ADDRESS	828 WEST 2ND STREET				STREET ADDRESS	<i>2205 Port Street</i>					
CITY-ST-ZIP	LAKELAND, FL 338054226				CITY-ST-ZIP	<i>Winter Haven, FL 33881</i>					
TITLE VP	LAIRD, SHERYL <input checked="" type="checkbox"/> Delete				TITLE <i>Vice-President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME					NAME	<i>Ann Durkee</i>					
STREET ADDRESS	611 INTERLACHEN PARKWAY				STREET ADDRESS	<i>1625 Darington Place</i>					
CITY-ST-ZIP	LAKELAND, FL 33801				CITY-ST-ZIP	<i>Lakeland, FL 33801</i>					
TITLE S	PARTINGTON, ELIZABETH <input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					NAME	<i>Same</i>					
STREET ADDRESS	1907 CASCO STREET				STREET ADDRESS	<i>00081398527</i>					
CITY-ST-ZIP	LAKELAND, FL 33801				CITY-ST-ZIP	<i>10/31/06--01078--018 **245.00</i>					
TITLE T	LOPES, BEVERLY <input checked="" type="checkbox"/> Delete				TITLE <i>Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME					NAME	<i>Sheryl Laird</i>					
STREET ADDRESS	2575 U.S. 27 NORTH				STREET ADDRESS	<i>611 Interlachen Parkway</i>					
CITY-ST-ZIP	HAINES CITY, FL 33853				CITY-ST-ZIP	<i>Lakeland, FL 33801</i>					
TITLE T	DUNN, JERRY <input checked="" type="checkbox"/> Delete				TITLE <i>Member at Large</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME					NAME	<i>Jackie McGordon</i>					
STREET ADDRESS	602 EAST BAY STREET				STREET ADDRESS	<i>828 West 2nd St</i>					
CITY-ST-ZIP	LAKELAND, FL 33801				CITY-ST-ZIP	<i>Lakeland, FL 33805</i>					
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					NAME	<i>R/6/26</i>					
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP					CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lines empowered.											
SIGNATURE: <i>William Gress</i>				DATE <i>10-18-06</i>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #							