


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-01-2007 90034 035 ****61.25

DOCUMENT # 715012			
1. Entity Name SCIENCE OF MIND CENTER, A UNITED CHURCH OF RELIGIOUS SCIENCE, INC.			
Principal Place of Business 3742 K-VILLE AVENUE AUBURNDALE FL 33823-9670		Mailing Address 3742 K-VILLE AVENUE AUBURNDALE FL 33823-9670	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



2nd MOORE CR2E037 (4/07)

6. Name and Address of Current Registered Agent GRESS, WILLIAM 2205 PORT STREET WINTER HAVEN FL 33881		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	---	--

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 *George Partington* DATE *8/19/07*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: GRESS, WILLIAM STREET ADDRESS: 2205 PORT STREET CITY-ST-ZIP: WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: George Partington STREET ADDRESS: 1431 Shore Access Drive CITY-ST-ZIP: Wkhd, FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: DURKEE, ANN STREET ADDRESS: 1625 DARRINGTON PLACE CITY-ST-ZIP: LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete	TITLE: Vice P NAME: Beverly Hayes STREET ADDRESS: 217 Kingfisher Lane CITY-ST-ZIP: Haines City, FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: PARTINGTON, ELIZABETH STREET ADDRESS: 1907 CASCO STREET CITY-ST-ZIP: LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete	TITLE: Sec. NAME: Rita Gress STREET ADDRESS: 2205 Port Street CITY-ST-ZIP: Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: LAIRD, SHERYL STREET ADDRESS: 611 INTERLACHEN PARKWAY CITY-ST-ZIP: LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete	TITLE: Treas. NAME: Sockie M.S. Gordon STREET ADDRESS: 888 W. 2nd Street CITY-ST-ZIP: Wkhd, FL 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: M NAME: MCGORDON, JACKIE STREET ADDRESS: 828 WEST 2ND ST CITY-ST-ZIP: LAKELAND FL 33805	<input type="checkbox"/> Delete	TITLE: Member of large NAME: Sean Wozell STREET ADDRESS: 1524 Ave H n.e. CITY-ST-ZIP: Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: Member of large NAME: Konline Spens STREET ADDRESS: 278 Maniposa CITY-ST-ZIP: Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *Jackie McGordon* DATE: *8/19/07* DAYTIME PHONE #: *863 688-9976*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR