2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715012

FILED Jan 21, 2009 Secretary of State

Entity Name: SCIENCE OF MIND CENTER, A UNITED CHURCH OF RELIGIOUS SCIENCE, INC.

Current Principal Place of Business: New Principal Place of Business: 3742 K-VILLE AVENUE AUBURNDALE, FL 338239670 **Current Mailing Address: New Mailing Address:** 3742 K-VILLE AVENUE AUBURNDALE, FL 338239670 FEI Number: 59-1714179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARTINGTON, GEORGE 1431 SHORE ACRESS DR. LAKELAND, FL 33801 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PARTINGTON, GEORGE Name: Name: 1431 SHORE ACRESS DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: Title: () Delete Title: () Change () Addition LOPES, BEVERLY Name: Name: Address: 217 KINGFISHER LANE Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: Title: () Delete Title: (X) Change () Addition GRESS, RITA EISENHAUER, PATRICIA Name: Name: 5155 CAMBRY LANE Address: 2205 PORT STREET Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: LAKELAND, FL 33805 () Delete Title: Title: (X) Change () Addition Name: MCGORDON, JACKIE Name: MCGORDON, JACKIE 1038 N WALKER AVE Address: 1524 AVE H NE Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 33805 Title: MAL () Delete Title: () Change () Addition JONES, EARLINE Name: Name: 278 MARIPOSA Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: MAL () Delete Title: () Change () Addition LOZELL. JEAN Name: Name: Address: 1524 AVE H NE Address: WINTER HAVEN, FL 33881 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKIE MCGORDON T 01/21/2009