FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731514 (6)

1. Corporation Name
SCIENCE OF MIND LIGHT CENTER, INC.

Principal Place of Business	Mailing Address
208 SOUTH 28TH AVE. HOLLYWOOD FL 33020	208 SOUTH 28TH AVE. HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1974
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1570956 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 612707	26 P.O. Box 612707
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 North Miami, FL	City & State 28 North Miami, FL
Zip / Country 24 33261 / 25 Dade	Zip / Country 29 33261 / 30 Dade

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

STEVENS, ALMA RSCF
3550 WASHINGTON STREET #106-B
HOLLYWOOD FL 33021-5402

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Reverend Alma M. Stevens, Minister — DATE: 2/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLWOOD, SHELTON	1.2 NAME	
STREET ADDRESS	655 NE IVES DAIRY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, ROSEMARY	2.2 NAME	
STREET ADDRESS	945 NE 24TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	TT	3.1 TITLE	☐ Change ☐ Addition
NAME	ALVIN, DORIS	3.2 NAME	
STREET ADDRESS	1495 NW 95TH TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33125	3.4 CITY-ST-ZIP	
TITLE	TT	4.1 TITLE	☐ Change ☐ Addition
NAME	YEAGER, CAROLYN	4.2 NAME	
STREET ADDRESS	4330 NW 19TH ST. #411	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	4.4 CITY-ST-ZIP	
TITLE	MC	5.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, ALMA M.	5.2 NAME	
STREET ADDRESS	3550 WASHINGTON ST. #106B	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Reverend Alma M. Stevens — Alma M. Stevens — February 18, 1995 — 305/940-0218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018014