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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 731514 (6)

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

Principal Place of Business	Mailing Address
P O BOX 612707 NO MIAMI FL 33261 US	P O BOX 612707 N MIAMI FL 33261-2707 US

3. Date Incorporated or Qualified: 12/12/1974
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business
21 101 Ansin Blvd.
22 Suite, Apt. #, etc.
23 City & State: Hallandale, FL 33009
24 Zip: 33009 25 Country: Broward

2a. Mailing Address
26 919 Hillcrest Dr.
27 Suite, Apt. #, etc. #615
28 City & State: Hollywood, FL 33021
29 Zip: 33021 30 Country: Broward

4. FEI Number: 59-1570956 ☐ 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

STEVENS, ALMA RSCF
919 HILLCREST DRIVE, #615
HOLLYWOOD FL 33021

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 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 (Rev.) Alma Marie Stevens Rev. Alma M. Stevens March 25, 1997
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ROBERT BRIDESON 670 W 46TH STREET, #1A MIAMI BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DIANE COPELAND 157-26 NW 7TH AVENUE, #G MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT CAROLYN YEAGER 4330 NW 19TH STREET LAUDERHILL FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition TT Glory Rogerson 1400 NE 57th Street #106 Ft. Lauderdale, FL33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT YEAGER, CAROLYN 4330 NW 19TH ST. #411 LAUDERHILL FL 33313	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MC ALMA M STEVENS 919 HILLCREST DRIVE, #615 HOLLYWOOD FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition VPT Rhonda Cornfeld 1040 S.E. 7th Court Dania, Florida 33004
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Rev. Alma Marie Stevens Alma Marie Stevens, Minister March 25, 1997 954/964-4271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0034105