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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731514** (6)

1. Corporation Name

SCIENCE OF MIND LIGHT CENTER, INC.



Principal Place of Business 101 ANSIN BLVD HALLANDALE FL 33009 US	Mailing Address 919 HILLCREST DR #615 HOLLYWOOD FL 33021 US
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3. Date Incorporated or Qualified 12/12/1974
4. FEI Number 59-1570956
☒ Applied For ☐ Not Applicable

2. Principal Place of Business 21 101 Ansin Blvd. Suite, Apt. #, etc. 22 (Hotel Lobby) City & State 23 Hallandale, FL Zip 24 33009	2a. Mailing Address 26 919 Hillcrest Drive Suite, Apt. #, etc. 27 #615 City & State 28 Hollywood, FL Zip 29 33021
Country 25 Broward	Country 30 Broward

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent STEVENS, ALMA RSCF 919 HILLCREST DRIVE, #615 HOLLYWOOD FL 33021	
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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* **February 18, 1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBERT BRIDESON 670 W 46TH STREET, #1A MIAMI BEACH FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIANE COPELAND 157-26 NW 7TH AVENUE, #G MIAMI FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT ROGERSON, GLORY 1400 NE 57TH ST., #108 FT LAUDERDALE FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC ALMA M STEVENS 919 HILLCREST DRIVE, #615 HOLLYWOOD FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CORNFELD, RHONDA 1040 SE 7TH CT DANIA FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Diane Copeland 157-26 NW 7th Avenue #G Miami, Florida ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President Antoinette Courtney 20111 NE 27th Ct. "K" 213 Miami, Florida 33180 ☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary Michele Synegal 15211 SW 150th Street Miami, Florida 33196-2855 ☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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: *Alma Marie Stevens* **February 18, 1998** 954/964-4271

CP2E037 (10/97)