

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90145 002 ****61.25

DOCUMENT # 731514

1. Corporation Name

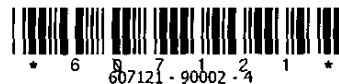
SCIENCE OF MIND LIGHT CENTER, INC.

Principal Place of Business

101 ANSIN BLVD
(HOTEL LOBBY)
HALLANDALE FL 33009
US

Mailing Address

919 HILLCREST DR
#615
HOLLYWOOD FL 33021
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/12/1974
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1570956
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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 617.0502, Florida Statutes.

SIGNATURE Alma M. Stevens, Minister Rev. Alma M. Stevens July 14, 1999

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	VP	1.1 TITLE	Trustee
NAME	COURTNEY, ANTOINETTE	1.2 NAME	
STREET ADDRESS	20111 NE 27TH CT "K" 213	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	Trustee
NAME	DIANE COPELAND	2.2 NAME	
STREET ADDRESS	157-26 NW 7TH AVENUE, #G	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TT	3.1 TITLE	
NAME	ROGERSON, GLORY	3.2 NAME	Elaine Olson
STREET ADDRESS	1400 NE 57TH ST., #106	3.3 STREET ADDRESS	1893 So. Ocean Drive #611
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Hallandale, Florida 33009
TITLE	MC	4.1 TITLE	T
NAME	ALMA M STEVENS	4.2 NAME	
STREET ADDRESS	919 HILLCREST DRIVE, #615	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	TS	5.1 TITLE	TS
NAME	SYNEGAL, MICHELE	5.2 NAME	Seaton, Eileen
STREET ADDRESS	15211 SW 150TH ST	5.3 STREET ADDRESS	16401 N. Miami Avenue
CITY-ST-ZIP	MIAMI FL 33196	5.4 CITY-ST-ZIP	Miami, Florida 33162
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Alma M. Stevens Rev. Alma M. Stevens July 14, 1999 954/964-4271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954/563-6900

CR2E037 (5/99)

0002432