2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90022 037 ****61.25

DOCUMENT # 731514

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

Principal Place of Business	Mailing Address
101 ANSIN BLVD (HOTEL LOBBY) HALLANDALE, FL 33009 US	919 HILLCREST DR #615 HOLLYWOOD, FL 33021 US

04112004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1570956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVENS, ALMA RSCF 919 HILLCREST DRIVE, #615 HOLLYWOOD, FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rev. Alma M. Stevens Rev. Alma M. Stevens 4.12.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COURTNEY, ANTOINETTE 20111 NE 27TH CT "K" 213 MIAMI, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT WINSOR, RICHARD RSCF NORTH PARK RD FORT LAUDERDALE, FL 33312	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary MINISTER, Ruth 6240 - SW 39th court DAVIE, Florida 33314 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OLSON, ELAINE 1893 SO OCEAN DR #611 HALLANDALE, FL 33009	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T YEAGER, Carolyn P.O. Box 11144 Ft. Lauderdale, FL 33302 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALMA M STEVENS 919 HILLCREST DRIVE, #615 HOLLYWOOD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT DYER, CHRISTINE A 6989 W CAMINO REAL APT. 116 BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Alma M. Stevens/Rev. Alma M. Stevens 4.12.04 954.964.4271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #