


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 731514 1. Entity Name SCIENCE OF MIND LIGHT CENTER, INC.	
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Principal Place of Business 101 ANSIN BLVD (HOTEL LOBBY) HALLANDALE, FL 33009 US	Mailing Address 919 HILLCREST DR #615 HOLLYWOOD, FL 33021 US
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07082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1570956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 Marie Stevens Rev. Alma M. Stevens July 7, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAM, FABIENNE L 36 VENTNOR DRIVE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINISTER, RUTH 6240 SW 39TH COURT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YEAGER, CAROLYN PO BOX 1144 FORT LAUDERDALE, FL 33302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALMA M STEVENS 919 HILLCREST DRIVE, #615 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT YEAGER, CHARLES PO BOX 1144 FORT LAUDERDALE, FL 33302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/11/07-80004-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 July 7, 2007 954.964.4271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #