

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731514

FILED
Mar 29, 2009
Secretary of State

Entity Name: SCIENCE OF MIND LIGHT CENTER, INC.

Current Principal Place of Business:

101 ANSIN BLVD
(HOTEL LOBBY)
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

919 HILLCREST DR
#615
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-1570956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ADAM, FABIENNE L
Address: 36 VENTNOR DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S () Delete
Name: MINISTER, RUTH
Address: 6240 SW 39TH COURT
City-St-Zip: DAVIE, FL 33314

Title: T () Delete
Name: SIERRA, JEAN E
Address: 1504 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: T () Delete
Name: ALMA M STEVENS,
Address: 919 HILLCREST DRIVE, #615
City-St-Zip: HOLLYWOOD, FL

Title: PT () Delete
Name: ROGERSON, GLORIA
Address: 1942 NE 6TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: EATON, MYA
Address: 4404 SW 70 TERRACE
City-St-Zip: DAVIE, FL 33314

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PT (X) Change () Addition
Name: WETZEL, LYNN
Address: 1041 SW 15 AVE, APT 3A
City-St-Zip: FT. LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYA A. EATON

S

03/29/2009

Electronic Signature of Signing Officer or Director

Date