2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# 731514

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:	EATON, MYA	
Address:	4404 SW 70 TERRACE	
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:	WETZEL, LYNN	
Address:	1041 SW 15 AVE, APT 3A	
City-St-Zip:	FT. LAUDERDALE, FL 33312	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	JOHNSON, GAYLE E	
Address:	1943 NE 6TH COURT T201	
City-St-Zip:	FT. LAUDERDALE, FL 34950	
Title:	PT	(X) Change ( ) Addition
Name:	ALMA M STEVENS	
Address:	919 HILLCREST DRIVE, #615	
City-St-Zip:	HOLLYWOOD, FL	
Title:	T	(X) Change ( ) Addition
Name:	BRANNOCK, RUDD	
Address:	17410 NW 27TH AVENUE	
City-St-Zip:	MIAMI, FL 33056	

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: REV. DR. ALMA MARIE STEVENS P 04/25/2009

Electronic Signature of Signing Officer or Director — Date