

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90069 033 ****61.25

DOCUMENT # 731514

1. Entity 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

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

☒ CHECK HERE IF MAKING CHANGES



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

Reverend Alma Marie Stevens

1.7.03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 ☐ Delete
NAME **COURTNEY, ANTOINETTE**
STREET ADDRESS **20111 NE 27TH CT 'K' 213**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Change ☒ Addition
NAME **Christine A Dyer**
STREET ADDRESS **6989 W Camino Real Apt 116**
CITY-ST-ZIP **Boca Raton, FL 33433-4347**

TITLE ☐ Delete
NAME **PT WINSOR, RICHARD RSCF**
STREET ADDRESS **NORTH PARK RD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **OLSON, ELAINE**
STREET ADDRESS **1893 SO OCEAN DR #611**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ALMA M STEVENS**
STREET ADDRESS **919 HILLCREST DRIVE, #615**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **TS DOLD, PEGGY**
STREET ADDRESS **201 NORTH BAY ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Marie Stevens

1.7.03

954.964.4271

CR2E037 (10/02)