

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:44

DOCUMENT # 735946 (6)

1. Corporation Name

NEW THOUGHT SCIENCE OF MIND CENTER, INC.

Principal Place of Business

Mailing Address

1306 E. BUSCH BLVD
TAMPA FL 33612

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TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1976

3a. Date of Last Report

04/07/1994

4. FEI Number

59-1677404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 1511 E. Fowler Ave.

26 1511 E. Fowler Ave.

Suite, Apt., etc.

Suite, Apt., etc.

22 Suite H

27 Suite H

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33612

25 Hillsborough

29 33612

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEPERE, WR
6809 N. DIXON AVENUE
TAMPA FL 33604

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	LARSEN, BARBARA
STREET ADDRESS	1912 EAST HANNA
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	LE PERE, EDITH
STREET ADDRESS	6809 N. DIXON AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	WATKINS, ANNE
STREET ADDRESS	13041 LONONDARY PL
CITY - ST - ZIP	TAMPA FL 33612
TITLE	D
NAME	BUCHANAN, NANCY
STREET ADDRESS	PO BOX 524 N/A APT. #8
CITY - ST - ZIP	INDIAN ROCKS FL 34635
TITLE	D
NAME	CROSS, PAT
STREET ADDRESS	4401 PLAZA DRIVE
CITY - ST - ZIP	HOLIDAY FL
TITLE	D
NAME	COPLIN, DAVID
STREET ADDRESS	8730 N. HIMES #818
CITY - ST - ZIP	TAMPA FL

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	T/O
33 STREET ADDRESS	LE PERE, WR
34 CITY - ST - ZIP	6809 N. DIXON AVE
	TAMPA, FL 33604
41 TITLE	☒ Change ☐ Addition
42 NAME	V/O
43 STREET ADDRESS	ROBERT MILLER
44 CITY - ST - ZIP	18087 SKIFFISH DR.
	LUTZ, FL 33549
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☒ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	14529 WILLOW LANE #263
64 CITY - ST - ZIP	TAMPA, FL 33613

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

W. R. LePere

3/23/95

813-238-2515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Process #