

FILED

May 05 1998 8:00am
Secretary of State

DOCUMENT # 735946 (6)
1. Corporation Name
NEW THOUGHT SCIENCE OF MIND CENTER, INC.

Principal Place of Business	Mailing Address
154 E. FOWLER AVE SUITE H STE. H TAMPA FL 33612-5429 US	1511 EAST FOWLER AVENUE SUITE H TAMPA FL 33612-5429 US

2. Principal Place of Business		2a. Mailing Address	
21	1151	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 05/28/1976	
4. FEI Number 59-1677404	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
LEPERE, WR 6809 N. DIXON AVENUE TAMPA FL 33604	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent

_____ (P.O. Box Number Is Not Acceptable)

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.		OFFICERS AND DIRECTORS
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LARSEN, BARBARA	
STREET ADDRESS	1912 EAST HANNA	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LE PERE, EDITH	
STREET ADDRESS	6800 N. DIXON AVENUE	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LE PERE WR	
STREET ADDRESS	6800 N DIXON AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBERT, MILLER	
STREET ADDRESS	18089 SAILFISH DRIVE	
CITY - ST - ZIP	LUTZ FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, PAT	
STREET ADDRESS	4401 PLAZA DRIVE	
CITY - ST - ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COPLIN, DAVID	
STREET ADDRESS	14529 WILLOW LANE, #263	
CITY - ST - ZIP	TAMPA FL	

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	LE PERE, EDITH		
1.3 STREET ADDRESS	6809 N. DIXON AVE		
1.4 CITY - ST - ZIP	TAMPA FL 33604		
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	ST. LAURENT, CHARL		
2.3 STREET ADDRESS	18091 Sailfish Drive		
2.4 CITY - ST - ZIP	Lutz, FL 33549		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	MEINSEN, WILLIAM		
5.3 STREET ADDRESS	18091 Sailfish Drive		
5.4 CITY - ST - ZIP	Lutz, FL 33549		
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. R. LeFlore, Sr.

4/25/98 813-238-2515

CR2E037 (10/97)