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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735946

1. Corporation Name
NEW THOUGHT SCIENCE OF MIND CENTER, INC.

* 5 5 9 7 5 4 *
559754 - 90053 - 21

Principal Place of Business	Mailing Address
1151 E FOWLER AVE STE. H TAMPA FL 33612-5429 US	1511 EAST FOWLER AVENUE SUITE H TAMPA FL 33612-5429 US

2. Principal Place of Business
21 P.O. Box 1231
22 Suite, Apt. #, etc.
23 City & State: VENICE FL
24 Zip: 34284 25 Country: US

2a. Mailing Address
26 P.O. Box 1231
27 Suite, Apt. #, etc.
28 City & State: VENICE FL
29 Zip: 34284 30 Country: US

3. Date Incorporated or Qualified: 05/28/1976

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

9. Name and Address of Current Registered Agent

REHTH, ANN
~~1101 POINT OF ROCKS ROAD #1~~
~~SARASOTA FL 34242~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 829 MADRID AVENUE
83
84 City: VENICE FL 85 Zip Code: 34285

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	LE, PERE E		1.2 NAME	REHTH, ANN	
STREET ADDRESS	6809 N DIXON AVE		1.3 STREET ADDRESS	829 MADRID AVENUE	
CITY-ST-ZIP	TAMPA FL 33604		1.4 CITY-ST-ZIP	VENICE FL 34285	
TITLE	S	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	ST, LAURENT C		2.2 NAME	LE PERE E	
STREET ADDRESS	18091 SAIL FISH DR		2.3 STREET ADDRESS	6809 N DIXON AVENUE	
CITY-ST-ZIP	LUTZ FL 33549		2.4 CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	☒ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	LE PERE WR		3.2 NAME	EVELYN Elam	
STREET ADDRESS	6809 N DIXON AVE		3.3 STREET ADDRESS	224 TRAILORAMA	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	NORTH PORT FL	
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT, MILLER		4.2 NAME		
STREET ADDRESS	18089 SAILFISH DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MEINSEN, W		5.2 NAME		
STREET ADDRESS	18091 SAILFISH DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COPLIN, DAVID		6.2 NAME		
STREET ADDRESS	14529 WILLOW LANE, #263		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] **REQUIRED** 4.22.99 9414129449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #