


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90120 022 ****61.25

DOCUMENT # 735946	
1. Entity Name NEW THOUGHT SCIENCE OF MIND CENTER, INC.	

Principal Place of Business PO BOX 1231 VENICE, FL 34284 US	Mailing Address PO BOX 1231 VENICE, FL 34284 US
---	---

DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-1677404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent REHTH, ANN 413 VILLAS DR VENICE, FL 34285
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REHTH, ANN 413 VILLAS DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REHTH, ANN 413 VILLAS DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELAM, EVELYN 224 E. PALM BLVD 2413 N.W. 20th Street NORTH PORT, FL 34287 Oklahoma City OK 73107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILBERT, EILEEN 965 PATTERSON AVENUE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

941 234-6747