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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48802 (5)**
1. Corporation Name
THE SCIENCE OF MIND CENTER OF VERO BEACH, INC.



Principal Place of Business 2233 14TH AVE VERO BCH FL 32960 US	Mailing Address P. O. BOX 650662 VERO BEACH FL 32965-0662 US
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3. Date Incorporated or Qualified **05/08/1992** 3a. Date of Last Report **04/15/1996**

2. Principal Place of Business 21 1225 11th Ave	2a. Mailing Address 26	4. FEI Number 65-0400077	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Vero Beach, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 32962	Country 25 USA	7. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent O'MALLEY ELINOR REV 2233 14TH AVE SUITE 2162 VERO BCH FL 32960	10. Name and Address of New Registered Agent 81 Name Hirschfeld, Donna Rev. 82 Street Address (P.O. Box Number is Not Acceptable) 1901 Indian River Blvd E210 83 84 City Vero Beach FL 85 Zip Code 32960
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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 **Rev. Donna Hirschfeld** X **Donna Hirschfeld** 4-28-97
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HELMAN, SUSAN 3010 PAR DRIVE VERO BEACH FL 32960 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D HIRSCHELD, REV. DONNA 1901 Indian River Blvd E210 VERO BEACH, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, DAVID 3248 62 AVE VERO BEACH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D TUTTLE, EAZERETTE 723 Pelican Circle Barefoot Bay, FL 32976 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KENNEDY, SHARON 4811 BETHEL CREEK DR VERO BEACH FL 32963 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Aubre, Margie 1525 24th Ave Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'MALLEY, ELINOR R 11 VISTA GARDENS TRAIL #204 VERO BCH FL 32960 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DS Maher, Peggy 1004 Pennsylvania Ave Ft. Pierce, FL 34946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'MALLEY, ELINOR REV 11 VISTA GARDENS TRAIL VERO BEACH FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DV Scout, Cynce PO Box 2448 Vero Beach, FL 32961 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSOR, RICHARD J R 1901 INDIAN RIVER BLVD., E-210 VERO BEACH FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption under Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement is true and correct, 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: **X [Signature]** 4-28-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020043

CR2E037 (9/96)