2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jun 01, 2004 8:00 am Secretary of State DOCUMENT # N98000006973 06-01-2004 90009 049 ****61.25 THE SPIRITUAL EMPOWERMENT CENTER OF RELIGIOUS SCIENCE INC. Principal Place of Business Mailing Address **7839 N BAYSHORE DRIVE** 7839 N BAYSHORE DRIVE 54056252 MIAMI, FL 33138 MIAMI, FL 33138 2. Principal Place of Business 3. Mailing Address 1830 %. E. 150 St 839 M. BAYShole DE#1 Suite, Apt. #, etc 05262004 Chg-NP CR2E037 (10/03) #1 4. FEI Number 65-0881391 City & State City & State Applied For Not Applicable miani \$8.75 Additional 5. Certificate of Status Desired 3 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent **AMERILAWYER** 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE TITLE ☐ Delete ☐ Change □ Addition HIGGS, BARBARA J NAME NAME STREET ADDRESS STREET ADDRESS 7839 N. BAYSHORE DR., #1 CITY-ST-ZIP MIAMI, FL, 33161 CITY-ST-7IP SVD Delete SVD -TITLE TITLE ☐ Addition Jessie Bessent HIGGS, WILLIAM NAME NAME 7839 N. BAYSHORE DR., #1 STREET ADDRESS 2022 nW7251 STREET ADDRESS MIAMI, FL 33138 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition THOMAS, OLIVIA NAME NAME STREET ADDRESS 1651 N.E. 115 ST., #C-16 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-ZIP member/Director William L. Higgs 78-39 M. BAJShore DR#1 Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP m/Am; 71A 33/38 ☐ Delete TITLE member 1 Director ☐ Change **2** Addition TITLE NAME Edwaed TODD Bullard STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 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 617, 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.

FILED

Affa Chmant

N9800006972

THE SPIRITUAL EMPOWERMENT CENTER OF RELIGIOUS SCIENCE 7839 N. BAYSHORE DR. #1 MIAMI, FLORIDA 33138

MAY 25, 2004

SECRETARY OF STATE
DIVISION OF CORPORATIONS
PO. BOX 6198
TALLAHASSEE, FLORIDA 32314-6198

TO WHOM IT MAY CONCERN:

IT IS UNFORTUNATE THAT WE FIND OURSELVES LATE WITH THE PAYMENT FOR THE RENEWAL OF OUR ANNUAL REPORT.

PLEASE LET US KNOW WHETHER YOU WILL GIVE US TIME TO MAKE THIS PAYMENT TO THE STATE OR WHAT KIND OF ARRANGEMENTS CAN BE MADE.

WE:TAKE RESPONSIBILITY FOR THIS OVERSIGHT DUE TO MOVING AND HAVING A LOT OF THINGS GOING ON.

THANK YOU KINDLY.

BARBARA J. HIGGS, PRESIDENT