

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 06, 2006**  
**Secretary of State**

DOCUMENT# N98000006973

**Entity Name:** THE SPIRITUAL EMPOWERMENT CENTER OF RELIGIOUS SCIENCE INC.

**Current Principal Place of Business:**

7839 N BAYSHORE DRIVE  
#1  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

7839 N BAYSHORE DRIVE  
#1  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 65-0881391      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HIGGS, BARBARA J  
Address: 7839 N. BAYSHORE DR., #1  
City-St-Zip: MIAMI, FL 33161

Title: SVD      ( ) Delete  
Name: BESSENT, JESSIE  
Address: 2022 NW 72 ST  
City-St-Zip: MIAMI, FL 33147

Title: TD      ( ) Delete  
Name: THOMAS, OLIVIA  
Address: 1651 N.E. 115 ST., #C-16  
City-St-Zip: MIAMI, FL 33181

Title: MD      ( ) Delete  
Name: HIGGS, WILLIAM L  
Address: 7839 N BAYSHORE DR # 1  
City-St-Zip: MIAMI, FL 33138

Title: MD      ( ) Delete  
Name: BULLARD, EDWARD T  
Address: 6000 NW 17TH AVE  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HIGGS

PD

09/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date