

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 21, 2007
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 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 J. HIGGS

PD

07/21/2007

Electronic Signature of Signing Officer or Director

_____ Date