


FILE NOW: FILING FEE IS \$61.25

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Mar 20 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 # **712830** (9)

1. Corporation Name

THE LITTLE WHITE CHURCH CHRISTIAN METHAPHYSICS, INC.



Principal Place of Business	Mailing Address
1531 CENTER AVENUE HOLLY HILL FL 32117-9021	862 TERRACE AVE. DAYTONA BEACH FL 32114-5742

3. Date Incorporated or Qualified 05/26/1967	3a. Date of Last Report 01/25/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2874659	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILIP J. BONNER
862 TERRACE AVE.
DAYTONA BEACH FL 32114

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, REV. PHILLIP	1.2 NAME	
STREET ADDRESS	862 TERRACE AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL 32114	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, CYNTHIA	2.2 NAME	
STREET ADDRESS	822 REED CANAL RD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	S. DAYTON BEACH FL	2.4 CITY- ST- ZIP	
TITLE	PTDS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, REV. PHILIP	3.2 NAME	
STREET ADDRESS	862 TERRACE AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL	3.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGERS, ROSE ELLEN	4.2 NAME	GLENN JONES
STREET ADDRESS	1814 PINE AVE	4.3 STREET ADDRESS	711 WILDWOOD DR.
CITY- ST- ZIP	HOLLY HILL FL	4.4 CITY- ST- ZIP	NEW SYMNA, FL 32168
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, RALPH	5.2 NAME	JO ANN HORTON
STREET ADDRESS	110 46TH STREET	5.3 STREET ADDRESS	424 RIVERVIEW BLVD
CITY- ST- ZIP	HOLLY HILL FL	5.4 CITY- ST- ZIP	DAYTONA B., FL 32118
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Philip J. Bonner* **Rev. Philip J. Bonner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-4-97 Daytime Phone #0001917

CR2E037 (9/96)