

5-18-98 B- 7609 c
FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 1531 CENTER AVENUE HOLLY HILL FL 32117-9021	Mailing Address 862 TERRACE AVE. DAYTONA BEACH FL 32114
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3. Date Incorporated or Qualified 05/26/1967	4. FEI Number 59-2874659	Applied For Not Applicable
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2. Principal Place of Business 21 862 Terrace Ave Suite, Apt. #, etc. 22 City & State 23 Daytona Beach, FL Zip 24 32114 Country 25 Volusia	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PHILIP J. BONNER
862 TERRACE AVE.
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL Zip Code

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	
TITLE	PTD
NAME	BONNER, REV. PHILLIP
STREET ADDRESS	862 TERRACE AVE
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	D
NAME	PATTON, CYNTHIA
STREET ADDRESS	822 REED CANAL RD.
CITY-ST-ZIP	S. DAYTON BEACH FL
TITLE	PTDS
NAME	BONNER, REV. PHILIP
STREET ADDRESS	862 TERRACE AVE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	D
NAME	JONES, GLENN
STREET ADDRESS	711 WILDWOOD DR
CITY-ST-ZIP	NEW SYMRNA FL
TITLE	D
NAME	HORTON, JOANN
STREET ADDRESS	424 RIVERVIEW BLVD
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Monica Hesselman
4.3 STREET ADDRESS	701 W. Jefferson St.
4.4 CITY-ST-ZIP	Kokomo, IN 46901
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 (904) 238-0872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0002017

CR2E037 (10/97)