

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90008 013 ****70.00

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

3. Date incorporated or Qualified

05/26/1967

4. FEI Number

59-2874659

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 862 Terrace Ave

26 862 TERRACE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Daytona Beach, FL

28 DAYTONA BEACH, FL

Zip

Country

Zip

Country

24 32114

25 Volusia

29 32114

30 Volusia

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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
REV. MONICA HESSELMAN

82 Street Address (P.O. Box Number is Not Acceptable)

862 TERRACE AVE

90 BOB BONNER

83 City
DAYTONA BEACH FL

85 Zip Code
32114

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 register
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 REV. MONICA HESSELMAN Rev. Monica Hesselman 4/31/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☒ DELETE
NAME BONNER, REV. PHILLIP
STREET ADDRESS 862 TERRACE AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114

1.1 TITLE PTD ☐ Change ☒ Add
1.2 NAME HESSELMAN, REV. MONICA
1.3 STREET ADDRESS 862 TERRACE AVE
1.4 CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE D ☒ DELETE
NAME PATTON, CYNTHIA
STREET ADDRESS 822 REED CANAL RD.
CITY-ST-ZIP S. DAYTONA BEACH FL

2.1 TITLE D ☒ Change ☒ Add
2.2 NAME BONNER, ROBERT
2.3 STREET ADDRESS 862 TERRACE AVE
2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE PTDS ☒ DELETE
NAME BONNER, REV. PHILIP
STREET ADDRESS 862 TERRACE AVE
CITY-ST-ZIP DAYTONA BEACH FL

3.1 TITLE PTDS ☐ Change ☒ Add
3.2 NAME CHERYL POPELKA
3.3 STREET ADDRESS 506 N. WEBSTER,
3.4 CITY-ST-ZIP KOKOMO, IN 46901

TITLE D ☒ DELETE
NAME JONES, GLENN
STREET ADDRESS 711 WILLOW DR
CITY-ST-ZIP NEW SYMNA FL

4.1 TITLE D ☒ Change ☒ Add
4.2 NAME Monica Hesselman
4.3 STREET ADDRESS 509 W. MONROE ST.
4.4 CITY-ST-ZIP KOKOMO, IN 46901

TITLE D ☒ DELETE
NAME HORTON, JOANN
STREET ADDRESS 424 RIVERVIEW BLVD
CITY-ST-ZIP DAYTONA BEACH FL

5.1 TITLE D ☐ Change ☒ Add
5.2 NAME MARCIA HESSELMAN
5.3 STREET ADDRESS R.R. #1 Box 236A
5.4 CITY-ST-ZIP RIDGEVILLE, IN 47380

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 informa-
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 a
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Philip J. Bonner 5/8/98
Date Daytime Phone # 0002017

(904) 238-0872