

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28105 (7)

1. Corporation Name
SCIENCE OF SPIRITUALITY HEALING MINISTRY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5210 GARDEN AVE 5210 GARDEN AVE
WEST PALM BCH FL 33405 WEST PALM BCH FL 33405
US US

3. Date Incorporated or Qualified 08/29/1988 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2923951 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired \$6.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, WILLIAM E, JR
5210 GARDEN AVE
WEST PALM BCH FL 33405

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD
NAME	PERRY, WILLIAM EARL, JR.
STREET ADDRESS	108 S. LAKESIDE DR APT 4
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	BROSIUS, ALBERT J.
STREET ADDRESS	108 S. LAKESIDE DR ATP 4
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	SANDBERG, ELEANOR
STREET ADDRESS	113 DUVAL ROAD, SE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	MCMULLEN, PHYLLIS
STREET ADDRESS	2427 1/2 AVE. "B", S.W.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	LAMBERT, ARTHUR
STREET ADDRESS	108 S LAKESIDE DR #4
CITY-ST-ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PERRY, WILLIAM EARL, JR.	
1.3 STREET ADDRESS	6210 GARDEN AVE	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SODER, TEROLD	
2.3 STREET ADDRESS	5210 GARDEN AVE	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
3.1 TITLE	WTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CROWIN, DAVID	
3.3 STREET ADDRESS	110 SANTA CRUZ AVE	
3.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SPRING, LORNA	
4.3 STREET ADDRESS	RT 1 BOX 191	
4.4 CITY-ST-ZIP	TELOWAY, TENN 37883	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BROSIUS, JOHN	
5.3 STREET ADDRESS	809 SOUTH M ST	
5.4 CITY-ST-ZIP	LAKE WORTH, FL 33460	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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: David A. Crowin DAVID A. CROWIN 4/18/95 (407) 798-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone