

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N28105 (7)**
1. Corporation Name
SCIENCE OF SPIRITUALITY HEALING MINISTRY, INC.



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

3. Date Incorporated or Qualified: 06/29/1988
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2923951
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
PERRY, WILLIAM E, JR
5210 GARDEN AVE
WEST PALM BCH FL 33405

10. Name and Address of New Registered Agent
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 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating!

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRY, WILLIAM EARL, JR. | 1.2 NAME | |
| STREET ADDRESS | 5210 GARDEN AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | DV | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SODER, JEROLD | 2.2 NAME | |
| STREET ADDRESS | 5210 GARDEN AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | VTS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRONIN, DAVID | 3.2 NAME | |
| STREET ADDRESS | 110 SANTA CRUZ AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SPRING, LORNA | 4.2 NAME | |
| STREET ADDRESS | RT 1 BOX 191 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TREADWAY TN | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROSINS, JOHN | 5.2 NAME | |
| STREET ADDRESS | 807 SOUTH M ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 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 | |

ELIZABETH HAYWOOD
1710 E. BREEZY LAKE
WEST PALM BEACH, FL 33417-4467

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 119.07(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. Cronin **DAVID A. CRONIN** 2/23/96 (407) 798-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)