

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 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 # **N28105 (7)**

1. Corporation Name

SCIENCE OF SPIRITUALITY HEALING MINISTRY, INC.

Principal Place of Business

Mailing Address

5210 GARDEN AVE
WEST PALM BCH FL 33405
US5210 GARDEN AVE
WEST PALM BCH FL 33405-3120
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 110 SANTA CRUZ AVE		26 110 SANTA CRUZ AVE		08/29/1988		03/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2923951		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
USA		USA		Trust Fund Contribution		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	DAVID A CRONIN
82 Street Address (P.O. Box Number is Not Acceptable)	110 SANTA CRUZ AVE
83	
84 City	ROYAL PALM BCH FL
85 Zip Code	33411

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, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: David A. Cronin DAVID A. CRONIN vs William E Perry 4/22/97
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	PD	1.1 TITLE	Change Addition
NAME	PERRY, WILLIAM EARL, JR.	1.2 NAME	
STREET ADDRESS	5210 GARDEN AVENUE	1.3 STREET ADDRESS	630 BYRD CREEK RD, SN
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	SNEDVILLE, TN 37869
TITLE	DV	2.1 TITLE	Change Addition
NAME	SODER, JEROLD	2.2 NAME	
STREET ADDRESS	5210 GARDEN AVE	2.3 STREET ADDRESS	638 BYRD CREEK RD
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	SNEDVILLE, TN 37869
TITLE	VTS	3.1 TITLE	Change 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	Change Addition
NAME	HAYWOOD, ELIZABETH	4.2 NAME	
STREET ADDRESS	1710 E BREEZY LANE	4.3 STREET ADDRESS	CS
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	5/5/97
TITLE	D	5.1 TITLE	Change Addition
NAME	BROSINS, JOHN	5.2 NAME	
STREET ADDRESS	807 SOUTH M ST	5.3 STREET ADDRESS	RT 1 BOX 236
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	KYLES FORD, TN 37765
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	900002168975
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-05/07/97--01006--068
			***\$1.25

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, changed, or on an attachment with an address.

SIGNATURE: David A. Cronin DAVID A. CRONIN 4/22/97 (561) 798-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040152

CR2E037 (9/96)