

FILE NOW: FILING FEE IS \$61.25

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May 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>5210 GARDEN AVE WEST PALM BCH FL 33405 US</b>	Mailing Address <b>5210 GARDEN AVE WEST PALM BCH FL 33405-3120 US</b>
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3. Date Incorporated or Qualified <b>08/29/1988</b>	3a. Date of Last Report <b>03/01/1996</b>
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2. Principal Place of Business 21 <b>110 SANTA CRUZ AVE</b>	2a. Mailing Address 26 <b>110 SANTA CRUZ AVE</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>ROYAL PALM BCH, FL</b>	City & State 28 <b>ROYAL PALM BCH, FL</b>
Zip 24 <b>33411</b>	Country 25 <b>USA</b>
Country 29 <b>USA</b>	Zip 30 <b>33411</b>

4. FEI Number <b>59-2923951</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 **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 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* **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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PERRY, WILLIAM EARL, JR.</b>	
STREET ADDRESS	<b>5210 GARDEN AVENUE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SODER, JEROLD</b>	
STREET ADDRESS	<b>5210 GARDEN AVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VTS</b>	<input type="checkbox"/> DELETE
NAME	<b>CRONIN, DAVID</b>	
STREET ADDRESS	<b>110 SANTA CRUZ AVENUE</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAYWOOD, ELIZABETH</b>	
STREET ADDRESS	<b>1710 E BREEZY LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROSINS, JOHN</b>	
STREET ADDRESS	<b>807 SOUTH M ST</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>638 BYRD CREEK RD, SNEEDVILLE, TN 37869</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>638 BYRD CREEK RD SNEEDVILLE, TN 37869</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>CS 5/5/97</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>RT 1 BOX 236 KYLES FORD, TN 37766</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>900002168975</b>
6.3 STREET ADDRESS	<b>-05/07/97--01006--068</b>
6.4 CITY-ST-ZIP	<b>***\$1.25</b>

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 # 0040162

CR2E037 (9/96)