

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>110 SANTA CRUZ AVE ROYAL PALM BEACH FL 33411 US</b>	Mailing Address <b>110 SANTA CRUZ AVE ROYAL PALM BEACH FL 33411 US</b>
---	---

3. Date Incorporated or Qualified <b>08/29/1988</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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**CRONIN, DAVID A  
110 SANTA CRUZ AVE  
ROYAL PALM BEACH FL 33411**

**10. Name and Address of New Registered Agent**

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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>PERRY, WILLIAM EARL, JR.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>638 BYRD CREEK RD</b>	CITY-ST-ZIP <b>SNEEDVILLE TN 37869</b>	
TITLE <b>DV</b>	NAME <b>SODER, JEROLD</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>638 BYRD CREEK RD</b>	CITY-ST-ZIP <b>SNEEDVILLE TN 37869</b>	
TITLE <b>VTS</b>	NAME <b>CRONIN, DAVID</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>110 SANTA CRUZ AVENUE</b>	CITY-ST-ZIP <b>ROYAL PALM BEACH FL</b>	
TITLE <b>D</b>	NAME <b>HAYWOOD, ELIZABETH</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>1710 E BREEZY LANE</b>	CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	
TITLE <b>D</b>	NAME <b>BROSINS, JOHN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>RT 1 BOX 238</b>	CITY-ST-ZIP <b>KYLESFORD TN 37765</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>HAYWOOD, ELIZABETH</b>
4.3 STREET ADDRESS	<b>7254 COOK-JONES RD</b>
4.4 CITY-ST-ZIP	<b>WAYNESVILLE, OH 45098</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BROSINS, JOHN (NOT SPOUSE OF LAST NAME)</b>
5.3 STREET ADDRESS	<b>638 BYRD CREEK RD</b>
5.4 CITY-ST-ZIP	<b>SNEEDVILLE, TN 37869</b>
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 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 if changed, or on an attachment with an address.

**SIGNATURE:** *William Perry Walker & Terry* / 2/98 (561) 798-4319

CR2E037 (10/97)