## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

N28105

(7)

| SCIENCE OF SPIRITUALITY HEALING MINISTRY, INC.        |   |   |  |                    |  |  |                            |                                  |            |
|---|---|---|--|--------------------|--|--|----------------------------|----------------------------------|------------|
| Principal Place of Business                           |   | Mailing Address   |  |                    |  | -  | AH BIBN BIBN B             | . I FEUIL DIO 11010   1001       | W.         |
| 110 SANTA CRUZ AVE<br>ROYAL PALM BEACH FL 33411<br>US |   | 110 SANTA CRUZ AVE<br>ROYAL PALM BEACH FL 33411<br>US   |  |                    | Date Incorporated or Qualified                             |  |                            |                                  |            |
| <b>6</b> 6 - 1 1 5                                    | 4B  | - T - 4 2-7   |  |                    |  | 59-2923951   |                            | Not Applic                       | cable      |
|   | lace of Business  | 2a. Mailing Address   |  |                    | 5. Certificate of Status Desired                           | ,  | 75 Addition                |                                  |            |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.   |  |                    | 6. Election Campaign Financing                             |  | ee Required<br>00 May Be   |                                  |            |
| 22  |   | 27  |  |                    | Trust Fund Contribution                                    |  |                            | 1                                |            |
| City & State  | Э   | City & State  |  |                    | 7. Is this nonprofit corporation a homeowners association? |  |                            |                                  |            |
| 23  |   | 28  |  |                    | Yes No   |  |                            |                                  |            |
| Zıp   | Country   | Zip   | Country  |                    |  | 8. This corporation owes or has paid the current year Intangible   |                            |                                  |            |
| 24  | 9. Name and Address of Curren   | 1 Pegistered Agent  |  |                    |  | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent  |                            |                                  |            |
|   | s. Malite and Address of Curren   | r undistrien wherit   | 81   | IIN                | ame  | 10. Italie and Address of New Adgrate  | neg Ment                   |                                  |            |
| CDCNIN  | , DAVID A   |   |  | 1 0                |  |  |                            |                                  | _          |
|   | ITA CRUZ AVE  |   |  | ₽ S                | treet Addre  | ss (P.O. Box Number is Not Acceptable)   |                            |                                  |            |
|   | PALM BEACH FL 33411   |   | 83   | 1                  |  |  |                            |                                  |            |
|   |   |   | 84   | ╁╌                 | itv  |  | les I                      | Zip Code                         |            |
|   |   |   | ~  | ľ                  | ·ity   |  | FL 85                      | zip Code                         |            |
| 11. Pursuant l<br>office or re<br>agent. La           | to the provisions of Sections 617.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the obligi | 2 and 617.1508, Florida Statut<br>of Florida. Such change was a<br>ations of, Section 617.0503, Flo | les, the abov<br>authorized b<br>orida Statute | /e-na<br>y th      | amed corpo<br>e corporatio                                 | oration submits this statement for the purpoon's board of directors. I hereby accept the   | se of chang<br>a appointme | ing its regist<br>nt as registe  | red<br>red |
| SIGNATURE   |   |   |  |                    |  |  |                            | 44.677.177                       |            |
| 12.   | Signature, typed or printed name of registered age<br>OFFICERS ANI  |   | E: Registered Ag                               | ent si             | gnature requirer   | d when reinstating) Di<br>ADDITIONS/CHANGES TO OFFICERS  | ATE<br>AND DIREC           | TORS IN 12                       |            |
| TITLE   | PD  |   |  | 1.1 TITLE          |  | ADDITIONO OF THE | ☐ Cha                      |                                  | ddition    |
| NAME  | PERRY, WILLIAM EARL, JR. 12   |   | 1.2 NAME                                       | 1.2 NAME           |  |  |                            |                                  |            |
| STREET ADDRESS  |   |   | 1.3 STREE                                      | 1.3 STREET ADDRESS |  |  |                            |                                  |            |
| CITY-ST-ZIP   | SNEEDVILLE TN 37869   |   | 1.4 CITY-                                      | ST-Z               | Р  |  |                            |                                  |            |
| TITLE   | DV  | ☐ DELETE  | 2.1 TITLE                                      |                    |  |  | ☐ Cha                      | ange 🔲 Ad                        | dition     |
| NAME  | SODER, JEROLD   |   | 2.2 NAME                                       |                    | ļ  |  |                            |                                  |            |
| STREET ADDRESS  | 638 BYRD CREEK RD   |   | 2.3 STREE                                      | T ADE              | RESS   |  |                            |                                  |            |
| CITY-ST-ZIP   | SNEEDVILLE TN 37869   | DELETE  | 2.4 CITY-                                      | ST-2               | IP   | <u> </u>   | Cha                        |                                  | dition     |
| TITLE<br>NAME   | VTS<br>Cronin, David  | LEA DETELE  | 3.1 TITLE<br>3.2 NAME                          |                    |  |  | LJ UK                      | ııığıs ⊑⊥ı∧ı                     | MILLOUIL   |
| STREET ADDRESS  | 110 SANTA CRUZ AVENUE   |   | 3.3 STREE                                      |                    | Bree   |  |                            |                                  |            |
| CITY-ST-ZIP   | ROYAL PALM BEACH FL   |   | 3.4. CITY-                                     |                    |  |  |                            |                                  |            |
| TITLE   | D   | DELETE  | 4.1 TITLE                                      | U1 2               | 7  |  | 4 CH                       | ange 🔲 Ad                        | dition     |
| NAME  | HAYWOOD, ELIZABETH  |   | 4. 2 NAME                                      | Ē                  |  | HAYWOOD, ELIZABETH 7254 COOK-JONES Rd WAYNESVILLE, OH  |                            |                                  |            |
| STREET ADDRESS  | 1710 E BREEZY LANE  |   | 4.3 STREET A                                   |                    | AESS -   | 7254 Cook-Jones Rd   |                            |                                  |            |
| CITY-ST-ZIP   | WEST PALM BEACH FL  |   | 4.4 CITY-                                      | ST-ZI              | Р  | WAYNDENING OH  | 150108                     |                                  |            |
| TITLE   | D   | ☐ DELETE  | 5.1 TITLE                                      |                    | 107  | T/4 '  | ⊒ Cha                      | ange 🗌 Ad                        | dition     |
| NAME  | BROSINS, JOHN   |   | 5.2 NAME                                       |                    | ',   | BEOSIUS John   | NOT SP                     | orish of                         | 7          |
| STREET ADDRESS  | RT 1 BOX 236  |   | 5.3 STREE                                      |                    | RESS   |  | 7869                       | UNST                             | ]          |
| CITY-ST-ZIP   | KYLESFORD TN 37765  | DELETE  | 5.4 CITY-                                      | ST-ZI              | <u>P</u>   | Sypanitia, In 3  | Cha                        | noe√√ <sub>e</sub><br>oon II oon | dition     |
| TITLE<br>NAME   |   | ☐ nereit  | 6.1 TITLE<br>6.2 NAME                          |                    |  |  |                            | mAte □ W0                        | ATTENUE    |
| STREET ADDRESS  |   |   | 6.3 STREE                                      |                    | RFCC   |  |                            |                                  |            |
| CITY-ST-ZIP   |   |   | 6.4 CITY -                                     |                    |  |  |                            |                                  |            |
| 14. I hereby o  |   |   | or the exemp                                   | otion              | stated in S  | ection 119.07(3)(i), Florida Statutes. I furth   |                            |                                  |            |
| officer or o  | on this annual report or supplementa<br>director of the corporation or the rece<br>or Block 13 if changed, on on an attac | iver or trustee empowered to  | ourate and the                                 | nat n<br>rep       | ny signature<br>ort as requi                               | e shall have the same legal effect as if mad<br>red 50 Chapter 617, Florida Statutes; and  | that my nam                | n; that I am i<br>ie appears ir  | an<br>1    |

SIGNATURE:

**FILED** 

Apr 30 1998 8:00am

Secretary of State