FILE NOW: FILING FEE IS $61.2

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **700212** **(4)**

1. Corporation Name

THE FIRST CHURCH OF METAPHYSICAL SCIENCE, INC.

Principal Place of Business	Mailing Address
3279 SOUTEL DR JACKSONVILLE FL 32208	3279 SOUTEL DR JACKSONVILLE FL 32208

3. Date Incorporated or Qualified: **12/04/1956**
3a. Date of Last Report: **04/19/1995**

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

4. FEI Number: **NOT APPLICABLE** ☐ 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

SHAFFER, JOHN . C
3265 SOUTEL DR.
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name: JOHN R. DYSON
82 Street Address (P.O. Box Number is Not Acceptable): 3265 SOUTEL DR.
83
84 City: JACKSONVILLE FL 85 Zip Code: 32208

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: Glen R. Dyson — 4/14/96
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	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DYSON, JOHN R REV		1.2 NAME	
STREET ADDRESS	3265 SOUTEL DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DYSON, KAREN		2.2 NAME	
STREET ADDRESS	3265 SOUTEL DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FLANAGAN, SHERRY L		3.2 NAME	
STREET ADDRESS	2305 STOCKTON DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, ELLIOT M		4.2 NAME	
STREET ADDRESS	3279 SOUTEL DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KESTER, KATHY F		5.2 NAME	
STREET ADDRESS	9536 PRINCETON SQ. BLVD. S. 2111		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: Glen R. Dyson — Date — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR