FILE NOW: FILING FEE IS \$61.25

3279 SOUTEL DR.

KESTER, KATHY F

JACKSONVILLE FL 32208

JACKSONVILLE FL 32256

9536 PRINCETON SQ. BLVD. S. 2111

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

Apr 20 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)700212 THE FIRST CHURCH OF METAPHYSICAL SCIENCE, INC. Principal Place of Business Mailing Address 3279 SOUTEL DR 3279 SOUTEL DR 3. Date Incorporated or Qualified JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 12/04/1956 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. is this nonprofit corporation a homeowners association? Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DYSON, JOHN R. 82 Street Address (P.O. Box Number is Not Acceptable) 3265 SOUTEL DR JACKSONVILLE FL 32208 83 84 Zip Code 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 lappliar with, and accept the obligations of, Section 617.0503, Florida Statutes. 90'R:15/998 SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12, OFFICERS AND DIRECTORS 13. DELETE Addition Change TITLE 1 1 TITLE DYSON, JOHN R REV NAME 1 2 NAME **CR2E037** 3265 SOUTEL DR. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32208 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition VD TITLE 2.1 TITLE DYSON, KAREN 2 2 NAME NAME 3265 SOUTEL DR. 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32208 City-St-2iP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE FLANAGAN, SHERRY L NAME 3.2 NAME 2305 STOCKTON DR. STREET ADDRESS 3.3 STREET ADDRESS **GREEN COVE SPRINGS FL 32043** CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELFTE 4.1 TITLE Change Addition HENDERSON, ELLIOT M NAME 4.2 NAME

FILED

Change

Change

1857ER, KOTHY F. BLOW . 2111

Addition

___ Addition

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 13 of Block 13 if Chapter or on an attendance of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: RED. JOHN R. SUSSIN RED HELD JAN AND LS, 1996 7685518

OBJUTH PRODE OF PRINTED NAME OF BRINING OFFICER OR DIPLETOR

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