

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003853

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** ST. CHRISTOPHER'S METAPHYSICAL TEMPLE, INC.

**Current Principal Place of Business:**

13588 TAMIMI TRAIL  
NORTH PORT, FL 34287

**New Principal Place of Business:**

13588 TAMIAMI TRAIL  
NORTH PORT, FL 34287

**Current Mailing Address:**

13588 TAMIMI TRAIL  
NORTH PORT, FL 34287

**New Mailing Address:**

13588 TAMIAMI TRAIL  
NORTH PORT, FL 34287

**FEI Number:** 26-4175828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HASELEY, MARCIA  
13588 TAMIMI TRAIL  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HASELEY, MARCIA  
Address: 13588 TAMIMI TRAIL  
City-St-Zip: NORTH PORT, FL 34287

Title: D  
Name: STEWART, WOODROW  
Address: 13588 TAMIMI TRAIL  
City-St-Zip: NORTH PORT, FL 34287

Title: D  
Name: DAVID, BENITA  
Address: 13588 TAMIMI TRAIL  
City-St-Zip: NORTH PORT, FL 34287

Title: D  
Name: GREENWOOD, LELIETH  
Address: 13588 TAMIMI TRAIL  
City-St-Zip: NORTH PORT, FL 34287

Title: D  
Name: VELAZQUEZ, JOEL  
Address: 13588 TAMIMI TRAIL  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARCIA H HASELEY

REV

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date