

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000648

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC0101964859**

**Entity Name:** THE COLLEGE OF METAPHYSICAL STUDIES, INC.

**Current Principal Place of Business:**

18514 US HWY 19 NORTH  
STE B  
CLEARWATER, FL 33764

**Current Mailing Address:**

18514 US HWY 19 NORTH  
STE B  
CLEARWATER, FL 33764

**FEI Number:** 20-5037562

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

*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

**Officer/Director Detail :**

Title PD  
Name DANIELLE, BARBARA  
Address 18514 US HEY 19 NORTH - STE B  
City-State-Zip: CLEARWATER FL 33764

Title VPTD  
Name GEORGE-DANIELE S, UZANNE  
Address 18514 US 19 NORTH - STE B  
City-State-Zip: CLEARWATER FL 33764

Title SD  
Name TONG, MARK  
Address 18514 US HEY 19 NORTH - STE B  
City-State-Zip: CLEARWATER FL 33764

*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:** BARBARA DANIELLE

**PRESIDENT**

**01/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date