

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003853

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

Current Principal Place of Business:

13588 TAMIAMI TRAIL
NORTH PORT, FL 34287

Current Mailing Address:

13588 TAMIAMI TRAIL
NORTH PORT, FL 34287

FEI Number: 26-4175828

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STEWART, MARCIA H
13588 TAMIMI TRAIL
NORTH PORT, FL 34287 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: MARCIA H STEWART

04/26/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO
Name STEWART, MARCIA H
Address 13588 TAMIAMI TRAIL
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name LE FRANC, ALTHEA
Address 13588 TAMIAMI TRAIL
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name SANDRA, WEE TOM
Address 13588 TAMIAMI TRAIL
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name CHRISTINA, PETERS
Address 13588 TAMIAMI TRAIL
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name HOLNESS, JANETTE
Address 13588 TAMIAMI TRAIL
City-State-Zip: NORTH PORT FL 34287

Title COO
Name COFFIE-GREEN, TAFARI
Address 13588 TAMIAMI TRAIL
City-State-Zip: NORTH PORT FL 34287

Title CFO
Name BURGOS, IANA
Address 13588 TAMIAMI TRAIL
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name CRESPO, DARIAN A
Address 13588 TAMIAMI TRAIL
City-State-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 STEWART

PRESIDENT?CEO

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date