

**2014 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: No**

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

HASELEY, MARCIA  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

Title D  
Name WILSON, LORIAL A  
Address 13588 TAMIMI TRAIL  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name LISA, LIVERPOOL  
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 DOZIER HENRY, O'ARE PHD  
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 HASELEY**

**04/30/2014**

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

\_\_\_\_\_  
Date