2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 700212 1. Entity Name 03-01-2006 90024 039 ****61.25 THE FIRST CHURCH OF METAPHYSICAL SCIENCE, INC. Principal Place of Business Mailing Address 3279 SOUTEL DR 3279 SOUTEL DR JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DYSON, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 3265 SOUTEL DR JACKSONVILLE FL 32208 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typod or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DYSON, JOHN R REV NAME NAME 3265 SOUTEL DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32208 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Detete PHE TITLE Change_ ☐ Addition DYSON, KAREN NAME MAME STREET ADDRESS 3265 SOUTEL DR. STREET ADDRESS JACKSONVILLE FL 32208 CITY-ST-ZIP CHTY-ST-ZIP _ _ Delete TITLE TITLE Change Addition FLANAGAN, SHERRY L NAME NAME STREET ADDRESS 987 AZALEA LN. STREET ADDRESS CITY-ST-ZIP FERNADINA BEACH FL 32034 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME HENDERSON, ELLIOT M NAME STREET ADDRESS STREET ADDRESS 1636 W. 16TH ST CITY-ST-ZIP JACKSONVILLE FL 32209 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete WAGNER, MARY JO NAME NAME 652 CUSTER CIR STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP TITLÉ ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. offen R. Jun

FR. 16,2002 90

904-768-5548

FILED Mar 01, 2006 8:00 am Secretary of State