2007 NOT-FOR-PROFIT CORPORA ANNUAL REPORT (AR)



DOCUMENT # 700212

1. Entity Name

THE FIRST CHURCH OF METAPHYSICAL SCIENCE, INC.

Principal Place of Business 3279 SOUTEL DR JACKSONVILLE FL 32208 Mailing Address

3279 SOUTEL DR JACKSONVILLE FL 32208

Principal Place of B	usiness - No P.O. Box #	3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.					
City & State		City & State			
Zip	Country	Zip	Country		

FILED Mar 27, 2007 8:00 am Secretary of State

03-27-2007 90014 047 ****61.25



Suile, Apt. #, etc. City & State		Suite, Apt. #. etc.		1st MOORE CR2E037 (10/06)				
		City & State	City & State		4. FEI Number NO-T APPLICABLE Not			
Zip	Country	Zip	Country	5. Certificate of Stall		8.75 Additional ee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered Ag	jent		
D)//	ON POUNTS		Name					
326	SON, JOHN R. 5 SOUTEL DR CKSONVILLE FL 32208		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
JAC	KSONVILLE FL 32208							
			City		FL	Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing i	ts registered office or regis	tered agent, or both, in th	e State of Florida. I am fa	miliar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title it applicable. (NC	DTE. Registered Agent signature requi	irea when reinstating)	DATE			
,	FILE NOW: FEE IS \$61.25 Due By May 1, 2007		ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Departn	*		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN 10		
TITLE NAME STREET ADORESS CITY: ST-ZIP	PTD DYSON, JOHN R REV 3265 SOUTEL DR. JACKSONVILLE FL 32208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition		
TITLE NAME. STREET ADDRESS CITY- ST-ZIP	VD DYSON, KAREN 3265 SOUTEL DR. JACKSONVILLE FL 32208	☐ Delete	NAME STREET ADDRESS CITY-ST- ZIP			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLANAGAN, SHERRY L 987 AZALFA LN FERNADINA BEACH FL 32034	Delete	NAME. SIREFT ADDRESS CITY-SI-ZIP	Deda La Roch 22 W-71 ST ECKSCNONLE	e F1a 32898	Change Addition		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D HENDERSON, ELLIOT M 1636 W. 16TH ST JACKSONVILLE FL 32209	☐ Delele	HTLE NAME STREET ADDRESS CITY+ST-7IP			Change Addition		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D WAGNER, MARY JO 652 CUSTER CIR ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		Ī	Change Addition		
NAME SIREET ADDRESS CITY ST-ZIP	pertify that the information supplied with	Detete	ITTLE NAME STREET ADDRESS CITY-S1-ZIP	ned in Section 119 Florid		Change Addition		

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: R. J. L. C. SIGNATURE : R. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07 904-7685548