FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

SIGNATURE: (SPANIE AND THE SE



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

CHURCH OF METAPHYSICAL CHRISTIANITY, INC.						
Principal Place of Business		Mailing Address				
•		•				
		2717 BROWNING STREET SARASOTA FL 34237-7630				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				04/21/1967	01/30/1996	
<b>—</b> , '	ace of Business	2a. Mailing Address		4. FEI Number 59-6169981	Applied For	
21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.		Suite Ant # etc		39 0 10990 1	Not Applicable \$8.75 Additional	
22 27		H		5. Certificate of Status Desired	Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
<b>23</b> Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	29 30	- '	<ol> <li>This corporation has liability to Florida Statutes</li> </ol>	Yes No	
Name and Address of Current Registered Agent				10. Name and Address of New F	legistered Agent	
81 Name				JRTNEY, REV. JEAN	C	
RBVX DOORDTHV XGX RUEXER			82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
27/1 RIBONANIA SE			83 350	3506 MINEOLA DR		
<b>XMMX</b>	NTA #1X 34237			and the second s		
			84 City S Δ I	RASOTA	FL 85 Zip Code 34239	
11. Pursuant to the provisions of Sections 617.0502 and 617.1509. Florida Statutes, the above named corneration submits this statement for the purpose of changing its registered.						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.						
SIGNATORIE . Signature veguty of a crucing of name of registered agent and title if applicable. (NOTE/Registered Agent signature required when reinstalling):  DATE  ONTE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	XASST. SECRETAR	RY DELETE	1.1 TOLE D	IRECTOR TUBNER, KAREN C.	Change 🔼 Addition	
NAME	BARROWS, SALLY B		1.2 NAME	TUBNER, KAREN C.		
STREET ADDRESS	5209 FAR OAK CIR SARASOTA FL			4718 DÚNN AVE. SARASÓTA FL <b>342</b> 3	1	
CITY-ST-ZIP TITLE	VPX TREASURER	☐ DELETE		·	Change X Addition	
NAME	FERDINANDO, LYNDA	La Decert	טן ו	IRECTOR CLARY, GEORGE R.	Control of the contro	
STREET ADDRESS	6121 NICOLE DR			2301 KALIN LANE		
CITY - ST - ZIP	SARASOTA FL		i i	SARASOTA FL 342	31	
TITLE	CX V- PRESIDENT	DELETE	3.1 TITLE	TRECTOR	Change Addition	
NAME	DAISLEY, IDA E			COURTNEY, EILEEN L	:	
STREET ADDRESS	2656 MARTIN ST		3.3 STREET ADDRESS	1650 PINELLAS PT D		
CITY-ST-ZIP	SARASOTA, FL 00000	☐ DELETE		ST. PETERSBURG FL	A	
TITLE	FLEXER_DOROTHY	L) VELETE	4.1 TITLE S	ECRETARY COURTNEY, REV. JEA	☐ Change ☐ Addition	
NAME STREET ADDRESS	2717 BROWNING ST		4. 2 NAME 4.3 Street address	3506 MINFOLA DR	IN G.	
CITY-ST-ZIP	SARASOTA, FL.00000				239-6325	
TITLE	RESIDENT .	☐ DELETE	5.1 TITLE	SANASOIA IE SAL	☐ Change ☐ Addition	
NAME	nèwman, thomas (	REV.)	5.2 NAME	;	•	
STREET ADDRESS	4484 GOLDEN LAKES DR	·	5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 00000		5.4 CITY - ST - ZIP			
TITLE	D DIAGUA OUTUBY	☐ DELETE	6.1 TITLE		Change	
NAME	BLACK, SHELBY		6.2 NAME			
STREET ADDRESS	1813 WOOD HOLLOW CT		6.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL  v certify that the information supplied	with this filing does not qualify f	6.4 City-St-ZiP	ed in Section 119 07/3/6\ Elarida Status	tas I further certify that the	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.						