

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State



NONPROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712639** (4)
1. Corporation Name
CHURCH OF METAPHYSICAL CHRISTIANITY, INC.



Principal Place of Business Mailing Address
2717 BROWNING STREET SARASOTA FL 34237

3. Date Incorporated or Qualified
04/21/1967
4. FEI Number
59-6169981

2. Principal Place of Business 2a. Mailing Address
21 **2717 Browning St.** 26 **2717 Browning St.**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State **Sarasota FL** 28 City & State **Sarasota FL**
24 Zip **34237** 25 Country **Sarasota** 29 Zip **34237** 30 Country **Sarasota**

Applied For Not Applicable
6. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**COURTNEY, REV JEAN C.
3506 MINEOLA DR
SARASOTA FL 34239**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **03-01-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	XX	1.1 TITLE	SECY
NAME	BARROWS, SALLY B	1.2 NAME	REV JEAN C COURTNEY
STREET ADDRESS	5209 FAR OAK CIR	1.3 STREET ADDRESS	3506 MINEOLA DR
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL 34239-6325
TITLE	T	2.1 TITLE	D
NAME	BENNETT, FERNANDO LYNDA	2.2 NAME	GEORGE R CLARY
STREET ADDRESS	6121 NICOLE DR	2.3 STREET ADDRESS	2301 KALIN LANE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	VP	3.1 TITLE	D
NAME	DAISLEY, IDA E	3.2 NAME	EILEEN L. COURTNEY
STREET ADDRESS	2656 MARTIN ST	3.3 STREET ADDRESS	1650 PINELLAS PT. DR. S
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	ST PETERSBURG FL 33712
TITLE	D	4.1 TITLE	D
NAME	TURNER, KAREN C.	4.2 NAME	DAVID DEEGAN
STREET ADDRESS	4718 DUNN AVE	4.3 STREET ADDRESS	10308 SALISBURY ST.
CITY-ST-ZIP	SARASOTA, FL 00000	4.4 CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	P	5.1 TITLE	
NAME	NEWMAN, REV. THOMAS	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	6.1 TITLE	
NAME	BLACK, SHELBY	6.2 NAME	
STREET ADDRESS	1813 WOOD HOLLOW CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

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14. I 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.

SIGNATURE: *Rev. Thomas C. Newman* Date: **March 1, 1998 (94) 955-1251**

CF2E037 (10/97)