


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90018 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 712639 1. Corporation Name CHURCH OF METAPHYSICAL CHRISTIANITY, INC.		
Principal Place of Business	Mailing Address	
2717 BROWNING ST SARASOTA FL 34237 US	2717 BROWNING ST SARASOTA FL 34237 US	

* 6 617515 - 90013 - 49 5 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2710 BROWNING ST	26 2710 BROWNING ST	04/21/1967
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6169981
City & State	City & State	Applied For
23 SARASOTA FL	28 SARASOTA FL	<input type="checkbox"/> Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/>
24 34237 USA	29 34237 USA	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
COURTNEY, REV JEAN C. 3506 MINEOLA DR SARASOTA FL 34239		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COURTNEY, REV JEAN C. 3506 MINEOLA DR SARASOTA FL 34239		81 Name	JOETTE RIGGS
		82 Street Address (P.O. Box Number is Not Acceptable)	4478 Eleuthera Court
		83	
		84 City	SARASOTA, FL
		85 Zip Code	34241

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 **JOETTE RIGGS** *Joette Riggs* DATE **9/1/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COURTNEY, REV JEAN C	1.2 NAME	JOETTE RIGGS
STREET ADDRESS	3506 MINEOLA DR	1.3 STREET ADDRESS	4478 ELEUTHERA COURT
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, LYNDA	2.2 NAME	LYNDA BENNETT
STREET ADDRESS	6121 NICOLE DR	2.3 STREET ADDRESS	2673 BROWNING ST
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAISLEY, IDA E	3.2 NAME	IDA E. DAISLEY
STREET ADDRESS	2656 MARTIN ST	3.3 STREET ADDRESS	2656 MARTIN ST
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	TURNER, KAREN C.	4.2 NAME	
STREET ADDRESS	4718 DUNN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, REV. THOMAS	5.2 NAME	REV. THOMAS NEWMAN
STREET ADDRESS	4484 GOLDEN LAKES DR	5.3 STREET ADDRESS	2601 BROWNING ST.
CITY-ST-ZIP	SARASOTA, FL 00000	5.4 CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CLARY, GEORGE R	6.2 NAME	
STREET ADDRESS	2301 KALIN LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: **JOETTE RIGGS** *Joette Riggs* DATE **9/1/99** (941) 364-5767 ext 239

CR2E037 (5/99)