


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90024 040 ****70.00

DOCUMENT # 712639					
1. Entity Name CHURCH OF METAPHYSICAL CHRISTIANITY, INC.					
Principal Place of Business 2710 BROWNING STREET SARASOTA, FL 34237 US			Mailing Address 2710 BROWNING STREET SARASOTA, FL 34237 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6169981	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEWMAN, TOM REV 2710 BROWNING ST SARASOTA, FL 34237			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGGS, JOETTE		NAME	DANNY ZIRPOLI	
STREET ADDRESS	4478 ELEUTHERA COURT		STREET ADDRESS	2717 Browning Street	
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, MARTHA		NAME	Thomas Newman	
STREET ADDRESS	3410 BROOKLINE DRIVE		STREET ADDRESS	PO BOX 49484	
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP	SARASOTA FL 34230	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAISLEY, IDA E		NAME	Deborah Markaverich	
STREET ADDRESS	2656 MARTIN ST		STREET ADDRESS	2441 Arlington Street	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, JEANNE		NAME	Lorraine Pinch	
STREET ADDRESS	6234 BUCKINGHAM ST		STREET ADDRESS	1312 Glendale Circle W.	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, REV. THOMAS		NAME	Tim Dudley	
STREET ADDRESS	PO BOX 49484		STREET ADDRESS	4231 CAZES AVE	
CITY-ST-ZIP	SARASOTA, FL 34230		CITY-ST-ZIP	North Port, FL 34287	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNER, DOROTHY		NAME	Dorothy Berner	
STREET ADDRESS	1003 N JEFFERSON AVE		STREET ADDRESS	1003 N. JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	SARASOTA FL 34237	
12. 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 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: <u>Thomas Newman</u>		<u>Thomas Newman</u>		<u>2-24-05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<u>941 360-1700</u>	
				<small>Daytime Phone #</small>	

ATTACHMENT

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KARIN FAMILIPIO 2338 Milford Circle SARASOTA FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition CASS BOWMAN 5631 Midnight Pass Rd #1008 SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sharon Elizabeth James 411 N. Briggs Ave #410 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition