

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90024 039 ****61.25



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

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-6169981

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

Tom Newman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/06

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP Delete
 NAME ZIRPOLI, DANNY
 STREET ADDRESS 2717 BROWNING STREET
 CITY-ST-ZIP SARASOTA, FL 34237

TITLE D Delete
 NAME NEWMAN, THOMAS
 STREET ADDRESS PO BOX 49484
 CITY-ST-ZIP SARASOTA, FL 34230

TITLE T Delete
 NAME MARKAVERICH, DEBORAH
 STREET ADDRESS 2441 ARLINGTON STREET
 CITY-ST-ZIP SARASOTA, FL 34239

TITLE S Delete
 NAME PINCH, LORRAINE
 STREET ADDRESS 1312 GLENDALE CIRCLE W
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE P Delete
 NAME DUDLEY, TIM
 STREET ADDRESS 4231 CAZES AVE
 CITY-ST-ZIP NORTH PORT, FL 34287

TITLE D Delete
 NAME BERNER, DOROTHY
 STREET ADDRESS 1003 N JEFFERSON AVE
 CITY-ST-ZIP SARASOTA, FL 34237

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T Change Addition
 NAME CAROL MACLEOD
 STREET ADDRESS 1300 N. LOCKWOOD RIDGE RD # 210
 CITY-ST-ZIP SARASOTA, FL 34237

TITLE D Change Addition
 NAME MARK LEWIS
 STREET ADDRESS 2750 BROWNING ST
 CITY-ST-ZIP SARASOTA, FL 34237

TITLE D Change Addition
 NAME CASS BOWMAN
 STREET ADDRESS 5631 MIDNIGHT PASS RD #1008
 CITY-ST-ZIP SARASOTA, FL 34242

TITLE D Change Addition
 NAME SHARON ELIZABETH JAMES
 STREET ADDRESS 411 N. BRIGGS AVE #410
 CITY-ST-ZIP SARASOTA FL 34237

TITLE S Change Addition
 NAME Virginia Whitney
 STREET ADDRESS 2910 LAMPLIGHTER DR.
 CITY-ST-ZIP SARASOTA, FL 34234

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Thomas P. Newman

Thomas P. Newman

2-27-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Phone #