


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90860 026 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

02072007 Chg-NP CR2E037 (12/06)

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

NEWMAN, TOM REV
 2710 BROWNING ST
 SARASOTA, FL 34237

7. Name and Address of New Registered Agent

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 *Rev Tom Newman* *Rev Tom Newman, Director* 2-8-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY - ST - ZIP	VP ZIRPOLI, DANNY 2717 BROWNING STREET SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, THOMAS PO BOX 49484 SARASOTA, FL 34230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MACLEOD, CAROL 1300 N LOCKWOOD RIDGE RD., #210 SARASOTA, FL 34237	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WHITNEY, VIRGINIA 2910 LAMPLIGHTER DR SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUDLEY, TIM 4231 CAZES AVE NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNER, DOROTHY 1003 N JEFFERSON AVE SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DANNY ZIRPOLI 2717 BROWNING ST SARASOTA FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARRIET DUDLEY 5316 ANGELES AVE SARASOTA FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASS BOWMAN 5631 MIDNIGHT PASS RD #1008 SARASOTA FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHARON ELIZABETH JAMES 411 N BRIGGS AVE #410 SARASOTA FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARLENE BRAY 6016 BONAVENTURA PLACE SARASOTA FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Danny Zirpoli* **DANNY ZIRPOLI PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #