


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90033 040 \*\*\*\*61.25

<b>DOCUMENT # 712639</b> 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 Zip Country		City & State Zip Country	
4. FEI Number 59-6169981		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <i>Rev Tom Newman</i>		<i>TOM NEWMAN</i>	
Signature, typed or printed name of registered agent and title if applicable.		DATE <i>3-13-08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME ZIRPOLI, DANNY STREET ADDRESS 2717 BROWNING STREET CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE D NAME DOROTHY BERNER STREET ADDRESS 3508 COPEN HAGEN DR CITY-ST-ZIP SARASOTA FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME NEWMAN, THOMAS STREET ADDRESS PO BOX 49484 CITY-ST-ZIP SARASOTA, FL 34230	<input type="checkbox"/> Delete	TITLE D NAME MARLENE BRAY STREET ADDRESS 6016 BONAVENTURA PLACE CITY-ST-ZIP SARASOTA FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME MACLEOD, CAROL STREET ADDRESS 1300 N LOCKWOOD RIDGE RD., #210 CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME DUDLEY, HARRIET STREET ADDRESS 5316 ANGELES AVE CITY-ST-ZIP SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BOWMAN, CASS STREET ADDRESS 5631 MIDNIGHT PASS RD #1008 CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME JAMES, SHARON E STREET ADDRESS 411 N BRIGGS AVE #410 CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete	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: <i>Rev Tom Newman</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	