

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90223 028 ****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

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	RIGGS, JOETTE	
STREET ADDRESS	4478 ELEUTHERA COURT	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, MARTHA	
STREET ADDRESS	3410 BROOKLINE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAISLEY, IDA E	
STREET ADDRESS	2656 MARTIN ST	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANDERS, JEANNE	
STREET ADDRESS	6234 BUCKINGHAM ST	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEWMAN, REV. THOMAS	
STREET ADDRESS	PO BOX 49484	
CITY-ST-ZIP	SARASOTA FL 34230	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERNER, DOROTHY	
STREET ADDRESS	1003 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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: **SIGNATURE REQUIRED**

2-18-03

941 360-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR