FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B, Mortham Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

716758

(8)

CHRIST METAPHYSICAL CHURCH, INC.

FILED May 01, 1996 08:00 AM Secretary of State



								<i>8</i>	
Principal Place of Business Mailing Address						1 100111 16601 1/616 01/4/ (806) 8/4		111 B1871 B	IDIA DIDIA DIBIA 1004
2114 WATR		2114 WATROUS ST TAMPA FL 33606							
						3. Date Incorporated or Qualified			
2. Principat F	Place of Business 2a, Mailing Address 26					4. FEI Number 59-6169981	Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip 24	Country 25	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
E7	9. Name and Address of Curre	nt Registered Agent	30	30		Florida Statutes			
		magical region		81	Name	10. Name and Address of New Ro	gistered	Agent	
LILES, IDA JAMES 6329 S MACDILL AVE				82		treet Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33611			1	83					
			ī	B4	City			85	Zip Code
11 Pursuant	to the provisions of Sections 617 050	2 and 617 1609. Elocide State	lan dia ba			ation submits this statement for the purp	FL	[]	•
	ered agent, or both, in the State of Flor vith, and accept the obligations of, Sec			yrpc Odyc	pration's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	ose of cha intment as	inging Its registeri	registered office ed agent. I am
SIGNATURE				•					
12.	Signature, typed or privited name of registered agen OFFICERS AN	I and tille if epoleable.	OTE: Registered A	geni	l signature required	<u> </u>	DATE		
TITLE	P	["]DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		Change	
NAME	LAMB, WILLIAM L	_	1.2 NAM				·		- Madition
STREET ADDRESS	2119 WATROUS AVENUE		1.3 STR	eer /	ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY						
TITLE	VD	DELETE		2.1 TITLE				Change	Addition
NAME	DUNNING, EVELINE P		2.2 NAM	2.2 NAME				_	
STREET ADDRESS	2112 WATROUS AVE		2.3 STR	2.3 STREET ADDR					
CITY-ST-ZIP	TAMPA FL		2. 4 CIT	2. 4 CITY-ST-ZIP					
TITLE	SD STUDDIFFIELD DITA	DELETE	3.1 TITL	3.1 TITLE			. [Change	Addition
NAME	STUBBLEFIELD, RITA J.		3.2 NAM	IE	ĺ				
STREET ADDRESS	2112 WATROUS AVE.		1		ADDRESS				
CITY-ST-ZIP TITLE	TD TD	DELETE	3.4. CITY		r- ZIP			7.	F-19 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
NAME	SALVATORE, NORMAN D.	Mottere	4.1 TITLE	•			L	Change	Addition
STREET ADDRESS	2114 WATROUS AVE.		4. 2 NAM		I DODDECC				
CITY-ST-ZIP	TAMPA FL		. I		ADDRESS				
TITLE	D	DELETE	4.4 CHY 5.1 TITLE		- ZIr			"I Chanca	ET Addition
NAME	VETETO, EUNICE M.	Filtre	5.7 IIILI 5.2 NAM				L]] Change	Addition
STREET ADDRESS	1002 S. ARMENIA AVE.		5.3 STRE		unbeed				
CITY-ST-ZIP	TAMPA FL								
TITLE		DELETE	5.4 CHY 6.1 TITLE		- 415		Г	Change	Addition
NAME		boot	6.2 NAMI					п очанив	F"1 VACUITAL
STREET ADDRESS			63 STRE		DDRESS				
CITY-ST-7IP			£ 4 COV	er er	לוס				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27,1996 813-251-1396

32E037 (12/95)