

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90009 006 ****61.25

DOCUMENT # 716758

1. Entity Name

CHRIST METAPHYSICAL CHURCH, INC.



Principal Place of Business

2114 WATROUS ST
TAMPA FL 33606

Mailing Address

2114 WATROUS ST
TAMPA FL 33606

54024695

2. Principal Place of Business

4935 S. Westshore Blvd

Suite, Apt. #, etc.

A 29

City & State

Tampa, FLA.

Zip

33611

Country

Hillsborough

3. Mailing Address

4935 S. Westshore Blvd

Suite, Apt. #, etc.

A 29

City & State

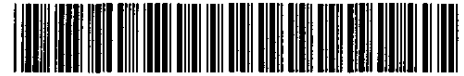
Tampa, FLA.

Zip

33611

Country

Hillsborough



MOORE

CR2E037 (11/03)

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

LILES, IDA JAMES
6329 S MACDILL AVE
TAMPA FL 33611

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

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
Due By May 1, 2004

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 P ☒ Delete

NAME LAMB, WILLIAM L
STREET ADDRESS 2119 WATROUS AVENUE
CITY-ST-ZIP TAMPA FL

TITLE VD ☒ Delete

NAME DUNNING, EVELINE P
STREET ADDRESS 2112 WATROUS AVE
CITY-ST-ZIP TAMPA FL

TITLE SD ☒ Delete

NAME STUBBLEFIELD, RITA J.
STREET ADDRESS 2112 WATROUS AVE.
CITY-ST-ZIP TAMPA FL

TITLE TD ☒ Delete

NAME SALVATORE, NORMAN D.
STREET ADDRESS 2114 WATROUS AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete

NAME VETETO, EUNICE M.
STREET ADDRESS 1002 S. ARMENIA AVE.
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☒ Change ☐ Addition

NAME LILES, IDA J
STREET ADDRESS 6329 S. MACDILL AVE.
CITY-ST-ZIP TAMPA, FLA. 33611

TITLE VD ☒ Change ☐ Addition

NAME SZASZ, LESLIE A.
STREET ADDRESS 912 E. KNOXWOOD
CITY-ST-ZIP TAMPA, FLA. 33604

TITLE SD ☒ Change ☐ Addition

NAME HANDWERG, JOYCE
STREET ADDRESS 3404 W. HENRY ST.
CITY-ST-ZIP TAMPA, FLA. 33629

TITLE D ☐ Change ☒ Addition

NAME HARKER, GAIL DR.
STREET ADDRESS 10431 N. 21ST ST.
CITY-ST-ZIP TAMPA, FLA. 33612

TITLE D ☐ Change ☒ Addition

NAME KNIGHT, SANDRA
STREET ADDRESS 412 WILTSFIELD CIRCLE
CITY-ST-ZIP FLETCHER, NC. 28732

TITLE D ☐ Change ☒ Addition

NAME KENNISON, BARBARA
STREET ADDRESS P.O. BOX 1082
CITY-ST-ZIP TAMPA, FLA. 33679-0825

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:

IDA J. LILES (IDA J. Liles) President

28 April 04

Date

813-257-1396
873-832-4213

Daytime Phone #