2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State
01-11-2007 90050 004 ****70.00

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1. Entity Name
CHRIST METAPHYSICAL CHURCH, INC.

Principal Place of Business	Mailing Address
4935 S WESTSHORE BLVD. #A29 TAMPA, FL 33611	4935 S WESTSHORE BLVD. #A29 TAMPA, FL 33611

01052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT LILES, IDA J 6329 S MACDILL AVE. TAMPA, FL 33611	☐ Delete	P	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SZASZ, LESLIE A 912 E KNOLLWOOD TAMPA, FL 33604	☐ Delete	VT	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HANDWERG, JOYCE 3404 W LEONA ST. TAMPA, FL 33629	☐ Delete	S	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARLEY, GAIL DR. 10931 N 21ST. ST. TAMPA, FL 33612	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VETETO, EUNICE 945 SO 5TH ST # 310 LOUISVILLE, KY 40203	☒ Delete Deceased	D KENNISON, BARBARA 10931 N 21st St. TAMPA, FL 33612	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESTON, PAM 848 SO COUNTRY CLUB DR CULLOWHEE, NC 28723	☐ Delete	D LEE, PAM	☒ Change	☐ 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: Ida James Liles IDA James Liles (P) 8 JAN. 07 813-956-1608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #