


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90023 005 ****70.00

DOCUMENT # 716758 1. Entity Name CHRIST METAPHYSICAL CHURCH, INC.					
Principal Place of Business 4935 S WESTSHORE BLVD. #A29 TAMPA, FL 33611			Mailing Address 4935 S WESTSHORE BLVD. #A29 TAMPA, FL 33611		
2. Principal Place of Business - No P.O. Box # 4854 W. GANDY BLVD Suite, Apt. #, etc.			3. Mailing Address 4854 W. GANDY BLVD Suite, Apt. #, etc.		
City & State TAMPA, FLORIDA Zip 33611			City & State TAMPA, FLORIDA Zip 33611		
Country USA			Country USA		
4. FEI Number 59-6169981			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P LILES, IDA J 6329 S MACDILL AVE. TAMPA, FL 33611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SZASZ, LESLIE A 912 E KNOLLWOOD TAMPA, FL 33604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANDWERG, JOYCE 3404 W LEONA ST. TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLEY, GAIL DR. 10931 N 21ST. ST. TAMPA, FL 33612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNISON, BARBARA 10931 N 21ST STREET TAMPA, FL 33612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, PAM 848 SO COUNTRY CLUB DR CULLOWHEE, NC 28723	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNISON, BARBARA P.O. Box 10825 TAMPA, FLA. 33679	<input checked="" 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: <u>Ida James Liles</u> 22 March 08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					