## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 716758  1. Entity Name CHRIST METAPHYSICAL CHURCH, INC.					03-26-2008 90023 005 ****70.00		
Principal Place of Business 4935 S WESTSHORE BLVD. #A29 TAMPA, FL 33611  Mailing Address 4935 S WESTSHORE BLVI #A29 TAMPA, FL 33611  Mailing Address 4935 S WESTSHORE BLVI #A29 TAMPA, FL 33611			E BLVD.	40052	40052046		
4854 W. GAUDY BLVD 4		3. Mailing Address 4854 W. ( Suite, Apt. #, etc.	4854 W. GANDY BLUD		01142008 Chg-NP CR2E037 (12/06)		
		City & State TAMDA, F			981	<b>-</b>	Applied For Not Applicable
Zip: '- 33611	Country USA	33611	Country USA	5. Certificate o		Fee Requ	
	6. Name and Address of Current	Registered Agent	Nome		Address of Ne	w Registered Agent	
LILES, IDA JAMES 6329 S MACDILL AVE TAMPA, FL 33611			Name	Street Address (P.O. Box Number is Not Acceptable)			
			City	y FL Zlp 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							
	organismo, typoo or primod traine or regiseared again	and the dappicable. (I	VOTE: Registered Agent sign	nature required when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election	NOTE: Registered Agent supr Campaign Financing d Contribution.		F	Make check payable lorida Department of	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election ( Trust Fur	Campaign Financing	\$5.00 May Be Added to Fees	F	Make check payable	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008	9. Election ( Trust Fur	Campaign Financing d Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHA	F	Make check payable lorida Department of	State IN 10
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Thereby deriv that the information supplied with this filling 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:

SIGNATURE AND TYPES OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

22 Nous 08

813-832-4213

Daytime Phone #