

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716758

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: CHRIST METAPHYSICAL CHURCH, INC.

## Current Principal Place of Business:

4854 W GANDY BLVD  
TAMPA, FL 33611

## New Principal Place of Business:

3601 WEST SWANN AVE  
SUITE 104  
TAMPA, FL 33609

## Current Mailing Address:

4854 W GANDY BLVD  
TAMPA, FL 33611

## New Mailing Address:

3601 WEST SWANN AVE  
SUITE 104  
TAMPA, FL 33609

FEI Number: 59-6169981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LILES, IDA JAMES  
6329 S MACDILL AVE  
TAMPA, FL 33611 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LILES, IDA J  
Address: 6329 S MACDILL AVE.  
City-St-Zip: TAMPA, FL 33611

Title: VT ( ) Delete  
Name: SZASZ, LESLIE A  
Address: 912 E KNOLLWOOD  
City-St-Zip: TAMPA, FL 33604

Title: S ( ) Delete  
Name: HANDWERG, JOYCE  
Address: 3404 W LEONA ST.  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: HARLEY, GAIL DR.  
Address: 10931 N 21ST. ST.  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: KENNISON, BARBARA  
Address: PO BOX 10825  
City-St-Zip: TAMPA, FL 33679

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HANDWERG, JOYCE K  
Address: 3404 W LEONA ST.  
City-St-Zip: TAMPA, FL 33629

Title: D (X) Change ( ) Addition  
Name: GIBLIN, LYNN  
Address: 34 VILLAGE MILLS COURT  
City-St-Zip: OWNING MILLS, MD 21117

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDA J. LILES, PRESIDENT

REV.

04/19/2009

Electronic Signature of Signing Officer or Director

Date