

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716758

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** CHRIST METAPHYSICAL CHURCH, INC.

**Current Principal Place of Business:**

3601 WEST SWANN AVE  
SUITE 104  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

3601 WEST SWANN AVE  
SUITE 104  
TAMPA, FL 33609

**New Mailing Address:**

**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  
Name: LILES, IDA J  
Address: 6329 S MACDILL AVE.  
City-St-Zip: TAMPA, FL 33611

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

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

Title: D  
Name: GIBLIN, LYNN  
Address: 34 VILLAGE MILLS COURT  
City-St-Zip: OWNING MILLS, MD 21117

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

I hereby 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 all other like empowered.

SIGNATURE: IDA J. LILES

P

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date