2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # 725643 1. Entity Name ST. ANDREW'S CHURCH OF METAPHYSICS, INC. 05-05-2000 90046 013 ****61.25 Mailing Address Principal Place of Business 6245 FLETCHER STREET 6245 FLETCHER STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023-2207 003463 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1455668 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BEATLEY, BETTY M. **6245 FLETCHER STREET** HOLLYWOOD FL 33023 Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11, 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BEATLEY, BETTY M STREET ADDRESS STREET ADDRESS 6245 FLETCHER ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL DELETE - OLD Change ADDRESS Delete TITLE VD TITLE NAME NAME CHERI, HEINE STREET ADDRESS STREET ADDRESS 178 WINDTREE LANE CITY-ST-7/P CITY-ST-ZIP WINTER GARDEN FL - 🖃 Addition Change-☐ Defete TITLE NAME RAINEY, ELY_JOHN STREET ADDRESS STREET ADDRESS 401 N 62ND AVE. CITY-ST-ZIP CITY-\$T-ZIP HOLLYWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE VD HEINE, CHERI NAME STREET ADDRESS STREET ADDRESS 3640 BRIAN COURT CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926-4436 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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 is observed, each an attachment with an additional trust of the corporation of the corporation

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP