

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725643

1. Entity Name

ST. ANDREW'S CHURCH OF METAPHYSICS, INC.

Principal Place of Business

6245 FLETCHER STREET
HOLLYWOOD FL 33023

Mailing Address

6245 FLETCHER STREET
HOLLYWOOD FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1455668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEATLEY, BETTY M.
6245 FLETCHER STREET
HOLLYWOOD FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BEATLEY, BETTY M
STREET ADDRESS 6245 FLETCHER ST
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE STD
NAME RAINEY, ELY JOHN
STREET ADDRESS 401 N 62ND AVE.
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE VD
NAME HEINE, CHERI
STREET ADDRESS 3640 BRIAN COURT
CITY-ST-ZIP COCOA FL 32926-4436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VD
NAME HEINE, CHERI
STREET ADDRESS 10746 LIPPIZAN DRIVE
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32257 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby 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 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: *Betty M. Beatley* (BETTY M. BEATLEY) 04-19-2001 954-987-6657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90422 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)