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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738211 (2)

1. Corporation Name

UNITED METAPHYSICAL CHURCHES, INC.

Principal Place of Business

P.O. BOX 190
HOLDER FL 34445-0190

Mailing Address

P.O. BOX 190
HOLDER FL 34445-0190



3. Date Incorporated or Qualified
02/25/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HADDAD, MARY LOUISE
7170 N LECANTO HWY
HERNANDO FL 34443

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE VD
NAME FOUNTAINE, RUTH
STREET ADDRESS 4007 BUCKINGHAM
CITY-ST-ZIP DETROIT MI

11 TITLE Vice-President
12 NAME Bobbie Roberts
13 STREET ADDRESS 1488 Peters Creek Rd. NW
14 CITY-ST-ZIP Roanoke, Va 24017

TITLE D
NAME SOMMERS, JOHN W.
STREET ADDRESS 6178 CAVANDISH
CITY-ST-ZIP SHELBY TWP MI

21 TITLE Treasurer
22 NAME Nancy Bloomer
23 STREET ADDRESS 1488 Peters Creek Rd. NW
24 CITY-ST-ZIP Roanoke, Va. 24017

TITLE PD
NAME BROWN, REV F, REED
STREET ADDRESS 5121 N 33RD ST.
CITY-ST-ZIP ARLINGTON VA

31 TITLE Trustee
32 NAME Joyce A. Dix
33 STREET ADDRESS 1021 Avon Road
34 CITY-ST-ZIP West Palm Beach, FL 33401

TITLE SD
NAME STEELE, ELIZABETH B.
STREET ADDRESS COWPASTURE RIVER RD HCR 03 BOX 18
CITY-ST-ZIP WILLIAMSVILLE VA

41 TITLE Trustee
42 NAME Al Florey
43 STREET ADDRESS 1488 Peters Creek Rd. NW
44 CITY-ST-ZIP Roanoke, Va. 24017

TITLE TD
NAME HERRINGTON, MARION
STREET ADDRESS 7810 CLARK RD E 26
CITY-ST-ZIP JESSUP MD

51 TITLE Trustee
52 NAME Laura H. MacLachlan
53 STREET ADDRESS 4606 Sutton Rd.
54 CITY-ST-ZIP Dryden, MI 48428

TITLE D
NAME DUNCAN, STEPHEN H
STREET ADDRESS 1712 SMITHFIELD DR
CITY-ST-ZIP BLACKSBURG VA

61 TITLE Trustee
62 NAME Connie Beth Graddy
63 STREET ADDRESS 2909 Dakota Drive
64 CITY-ST-ZIP Anderson, In. 46013

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

F. Reed Brown, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 703-276-8738

Date

Daytime Phone #

CR2E037 (12/95)