


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738211 (2)**  
1. Corporation Name  
**UNITED METAPHYSICAL CHURCHES, INC.**

Principal Place of Business <b>P.O. BOX 180 HOLDER FL 34445-0190</b>	Mailing Address <b>P.O. BOX 180 HOLDER FL 34445-0190</b>
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3. Date Incorporated or Qualified <b>02/25/1977</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-1939604</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HADDAD, MARY LOUISE 7170 N LECANTO HWY HERNANDO FL 34443</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOUNTAIN, RUTH	1.2 NAME	Bobbie Roberts
STREET ADDRESS	4007 BUCKINGHAM	1.3 STREET ADDRESS	1488 Peters Creek Road, NW
CITY-ST-ZIP	DETROIT MI	1.4 CITY-ST-ZIP	Roanoke, Va. 24017
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMERS, JOHN W.	2.2 NAME	
STREET ADDRESS	6178 CAVANDISH	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHELBY TWP MI	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, REV F, REED	3.2 NAME	
STREET ADDRESS	5121 N 33RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEELE, ELIZABETH B.	4.2 NAME	Beverly Ann Sincavage
STREET ADDRESS	COWPASTURE RIVER RD HCR 03 BOX 18	4.3 STREET ADDRESS	2308 4th Place
CITY-ST-ZIP	WILLIAMSVILLE VA	4.4 CITY-ST-ZIP	Dunn Loring, Va. 22027-1127
TITLE	TRUS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLACHLAN, LAURA H.	5.2 NAME	
STREET ADDRESS	4606 SUTTON RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DRYDEN MI 48428	5.4 CITY-ST-ZIP	
TITLE	TRUS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADY, CONNIE BETH	6.2 NAME	
STREET ADDRESS	2905 DAKOTA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ANDERSON IN 46013	6.4 CITY-ST-ZIP	

14. I do 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 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 *[Signature]* **Reed Brown, Pres.** *4/10/97 203-224-8238*

CR2E037 (9/96)