

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <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 P.O. BOX 190 HOLDER FL 34445-0190	Mailing Address P.O. BOX 190 HOLDER FL 34445-0190
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3. Date Incorporated or Qualified <b>02/25/1977</b>	4. FEI Number <b>59-1939604</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 <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

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 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BOBBIE	1.2 NAME	
STREET ADDRESS	1488 PETERS CREEK RD, NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROANOKE VA	1.4 CITY-ST-ZIP	
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	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCAVAGE, BEVERLY ANN	4.2 NAME	
STREET ADDRESS	2308 4TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNN LORING VA	4.4 CITY-ST-ZIP	
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	4608 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	GRADDY, 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 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: *F. Reed Brown, President* 2/2/98 540-562-4889

CR2E037 (10/97)