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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738211

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1939604	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

HADDAD, MARY LOUISE
7170 N LECANTO HWY
HERNANDO FL 34443

10. Name and Address of New Registered Agent

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 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BOBBIE	1.2 NAME	SOMMERS, JOHN
STREET ADDRESS	1488 PETERS CREEK RD, NW	1.3 STREET ADDRESS	17880 Pointe Court
CITY-ST-ZIP	ROANOKE VA	1.4 CITY-ST-ZIP	Clinton Twp/ MI 48038
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMMERS, JOHN W.	2.2 NAME	Ramona Morris
STREET ADDRESS	6178 CAVANDISH	2.3 STREET ADDRESS	1488 Peters Creek, Rd., NW
CITY-ST-ZIP	SHELBY TWP MI	2.4 CITY-ST-ZIP	Roanoke, Va. 24017
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, REV F, REED	3.2 NAME	Christian DePaul
STREET ADDRESS	5121 N 33RD ST.	3.3 STREET ADDRESS	3704 Old Forest Road
CITY-ST-ZIP	ARLINGTON VA	3.4 CITY-ST-ZIP	Lynchburg, Va. 24501
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINCAVAGE, BEVERLY ANN	4.2 NAME	Alice Greenawalt
STREET ADDRESS	2308 4TH PLACE	4.3 STREET ADDRESS	Rt. 1, Box 1395
CITY-ST-ZIP	DUNN LORING VA	4.4 CITY-ST-ZIP	New Castle, Va. 24127
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	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)(l), 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, with all other like empowered.

SIGNATURE:

F. Reed Brown, President

3/20/99

703-27608738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)