

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90684 007 ****61.25

DOCUMENT # 738211

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1939604**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HADDAD, MARY LOUISE
7170 N LECANTO HWY
HERNANDO FL 34443

7. Name and Address of New Registered Agent

Name **Diane L. Kirchner**

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

12660 Shadow Ridge Blvd.

City

Hudson

FL

Zip Code

34669

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

Diane L. Kirchner *Diane Kirchner*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 5-13-2002

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

TITLE **S** ☐ Delete
 NAME **MORRIS, RAMONA**
 STREET ADDRESS **1488 PETERS CREEK RD, NW**
 CITY-ST-ZIP **ROANOKE VA 24017**

TITLE **T** ☐ Delete
 NAME **PRICE, DARIAH**
 STREET ADDRESS **809 CRESCENT ROAD**
 CITY-ST-ZIP **JACKSON MI 49203**

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

TITLE **VD** ☐ Delete
 NAME **SOMMERS, JOHN**
 STREET ADDRESS **17880 POINTE COURT**
 CITY-ST-ZIP **CLINTON TWP MI 48038**

TITLE **TRUS** ☐ Delete
 NAME **MACLACHLAN, LAURA H.**
 STREET ADDRESS **4606 SUTTON RD.**
 CITY-ST-ZIP **DRYDEN MI 48428**

TITLE **TRUS** ☐ Delete
 NAME **GRADY, CONNIE BETH**
 STREET ADDRESS **2905 DAKOTA DR.**
 CITY-ST-ZIP **ANDERSON IN 46013**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

John Sommers Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 703-276-8738
 Date Daytime Phone #

CR2E037 (9/01)