

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 738211

FILED
Mar 25, 2005
Secretary of State

Entity Name: UNITED METAPHYSICAL CHURCHES, INC.

Current Principal Place of Business:

5811 AVLD LN
HOLIDAY, FL 34690

New Principal Place of Business:

5811 AULD LN
HOLIDAY, FL 34690

Current Mailing Address:

12211 FOX CHASE DR
HUDSON, FL 34669

New Mailing Address:

205 CYPRESS LANE
OLDSMAR, FL 34677

FEI Number: 59-1939604 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, ALLISON
1221 FOX CHASE DR
HUDSON, FL 34669 US

Name and Address of New Registered Agent:

JONES, ALLISON
205 CYPRESS LANE
OLDSMAR, FL 34677 US

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: ALLYSON JONES

03/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MORRIS, RAMONA
Address: 1488 PETERS CREEK RD, NW
City-St-Zip: ROANOKE, VA 24017

Title: T () Delete
Name: PRICE, DARIAH
Address: 809 CRESCENT ROAD
City-St-Zip: JACKSON, MI 49203

Title: PD () Delete
Name: BROWN, REV F, REED,
Address: 5121 N 33RD ST.
City-St-Zip: ARLINGTON, VA

Title: VD () Delete
Name: SOMMERS, JOHN
Address: 17880 POINTE COURT
City-St-Zip: CLINTON TWP, MI 48038

Title: TRUS () Delete
Name: MACLACHLAN, LAURA H.,
Address: 4606 SUTTON RD.
City-St-Zip: DRYDEN, MI 48428

Title: TRUS () Delete
Name: GRADDY, CONNIE BETH,
Address: 2905 DAKOTA DR.
City-St-Zip: ANDERSON, IN 46013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. REED BROWN

REV

03/25/2005

Electronic Signature of Signing Officer or Director

Date