

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90045 043 ****61.25

DOCUMENT # 738211 1. Entity Name UNITED METAPHYSICAL CHURCHES, INC.			
Principal Place of Business 5811 AULB'LN HOLIDAY, FL 34690		Mailing Address 205 CYPRESS LANE OLDSMAR, FL 34677	
2. Principal Place of Business 233 N. Federal Hwy Suite, Apt. #, etc.		3. Mailing Address 7361 SW 26th Court Suite, Apt. #, etc.	
City & State Dania Beach, FL Zip 33004		City & State Davie, FL Zip 33314	
Country USA		Country USA	
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 JONES, ALLISON 205 CYPRESS LANE OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name SHERY JANKELEWICH Street Address (P.O. Box Number is Not Acceptable) 7361 SW 26 COURT City DAVIE FL Zip Code 33314	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Shery Jankelewich</i></u> DATE <u>3-30-06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Sandra Tedora ☐ Delete 6200 Wilson Blvd Apt 501 Falls Church, VA 22044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, DARIAH DANIEL ☐ Delete 809 CRESCENT ROAD JACKSON, MI 49203		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, REV F. REED ☐ Delete 5421 N 33RD ST. 3256 Peace Valley Lane ARLINGTON, VA Falls Church, VA 22044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOMMERS, JOHN ☐ Delete 17880 POINTE COURT CLINTON TWP, MI 48038		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS MACLACHLAN, LAURA H. ☐ Delete 4606 SUTTON RD. DRYDEN, MI 48428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS GRADY, CONNIE BETH ☐ Delete 2005 DAKOTA DR. 231 Wintergreen Rd ANDERSON, IN 46013 Timberlake, NC 27583		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☐ Change ☐ Addition DIANE STUMP 4455 Peters Creek Rd ROANOKE, VA 24017		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS ☐ Change ☐ Addition JAY FISHER 3116 River Forest DR FORT WAYNE, IN 46805		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS ☐ Change ☐ Addition GLADIS STROHME 2108 VAN BUSKIRK Rd ANDERSON, IN 46011		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Francis P. Brown</i></u> Francis P. Brown, President <u>3/26/06</u> 703-276-8738 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			