

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90015 036 \*\*\*\*61.25

**DOCUMENT # 738211**

1. Entity Name

UNITED METAPHYSICAL CHURCHES, INC.



Principal Place of Business

233 NORTH FEDERAL HWY  
DANIA BEACH FL 33004

Mailing Address

7361 SW 26TH CT  
DAVIE FL 33314



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

JANKELEVICH, SHERRY  
7361 SW 26TH CT  
DAVIE FL 33314

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete  
NAME TEDORA, SANDRA  
STREET ADDRESS 6200 WILSON BLVD, APT 501  
CITY-ST-ZIP FALLS CHURCH VA 22044

TITLE ☐ Change ☐ Addition  
NAME *Trustee Rudy Caraga*  
STREET ADDRESS *4000 Tunlaw Rd NW*  
CITY-ST-ZIP *Washington, DC 20007*

TITLE T ☐ Delete  
NAME *Diane Stump*  
STREET ADDRESS *1488 Peters Creek Rd, NW*  
CITY-ST-ZIP *Roanoke, VA 24017*

TITLE ☐ Change ☐ Addition  
NAME *Trustee Michael Perry*  
STREET ADDRESS *206 Foxland Ave*  
CITY-ST-ZIP *Vinton, VA 24179*

TITLE P ☐ Delete  
NAME BROWN, REV F. REED  
STREET ADDRESS 3256 PEACE VALLEY LN  
CITY-ST-ZIP FALLS CHURCH VA 22044

TITLE ☐ Change ☐ Addition  
NAME *Trustee Donna Fitzgerald*  
STREET ADDRESS *201 DANIAL Drive*  
CITY-ST-ZIP *Alpharetta, GA 30004*

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

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

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

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

TITLE TRUS ☐ Delete  
NAME CROCKER, SANDRA  
STREET ADDRESS 3700 WATER ROAD  
CITY-ST-ZIP SANFORD MI 48657

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 exemptions contained in Section 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: *F. Reed Brown*

*2/15/08 703-933-0158*