

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738211

FILED
Jun 20, 2009
Secretary of State

Entity Name: UNITED METAPHYSICAL CHURCHES, INC.

Current Principal Place of Business:

233 NORTH FEDERAL HWY
DANIA BEACH, FL 33004

New Principal Place of Business:

Current Mailing Address:

7361 SW 26TH CT
DAVIE, FL 33314

New Mailing Address:

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:

Name and Address of New Registered Agent:

JANKELEVICH, SHERRY
7361 SW 26TH CT
DAVIE, FL 33314 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: TEDORA, SANDRA
Address: 6200 WILSON BLVD, APT 501
City-St-Zip: FALLS CHURCH, VA 22044

Title: T () Delete
Name: STUMP, DIANE
Address: 1488 PETERS CRK RD NW
City-St-Zip: ROANOKE, VA 24017

Title: P () Delete
Name: BROWN, REV F, REED
Address: 3256 PEACE VALLEY LN
City-St-Zip: FALLS CHURCH, VA 22044

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

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

Title: TRUS (X) Delete
Name: CROCKER, SANDRA
Address: 3700 WATER ROAD
City-St-Zip: SANFORD, MI 48657

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: BROWN, F. REED
Address: 442 WASHINGTON AVENUE
City-St-Zip: ROANOKE, VA 24016

Title: VP (X) Change () Addition
Name: MACLACHLAN, LAURA
Address: 4606 SUTTON ROAD
City-St-Zip: DRYDEN, MI 48428

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 exemption stated 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 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

P

06/20/2009

Electronic Signature of Signing Officer or Director

Date