

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90167 018 \*\*\*\*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

**5811 Hold Lane**  
Suite, Apt. #, etc.

3. Mailing Address

**12211 Fox Chase Dr.**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**HOLLIDAY FLA.**

City & State

**HUDSON, FLA.**

4. FEI Number **59-1939604**

Applied For

Not Applicable

Zip **34690**

Country **USA**

Zip **34669**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KIRCHNER, DIANE L**  
**12660 SHADOW RIDGE BLVD.**  
**HUDSON FL 34669**

7. Name and Address of New Registered Agent

Name **ALLISON JONES**  
Street Address (P.O. Box Number Not Acceptable) **12211 Fox Chase Dr.**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]**  
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE **5.5.03**

**FILE NOW: FEE IS \$61.25**

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 **MORRIS, RAMONA**  
STREET ADDRESS **1488 PETERS CREEK RD, NW**  
CITY-ST-ZIP **ROANOKE VA 24017**

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

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

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

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

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

TITLE **VD** ☐ 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 **GRADDY, CONNIE BETH**  
STREET ADDRESS **2905 DAKOTA DR.**  
CITY-ST-ZIP **ANDERSON IN 46013**

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: **[Signature]**

**4/15/03 703-276-8738**

CR2E037 (10/02)