

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2005
Secretary of State**

DOCUMENT# N03000008887

Entity Name: CHRISTIAN METAPHYSICAL FELLOWSHIP, INC.

Current Principal Place of Business:

1650 PINELLAS PT DR S
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

1650 PINELLAS PT DR S
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 56-2406148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COURTNEY, THOMAS R
1650 PINELLAS PT DR S
ST PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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: D () Delete
Name: COURTNEY, EILEEN F
Address: 1650 PINELLAS PT DR S
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: COURTNEY, THOMAS R
Address: 1650 PINELLAS PT DR S
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: COURTNEY, THOMAS
Address: 3506 MINEOLA DR.
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: GALLO, ROSALANO
Address: 2704 GOLF COURSE DR
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: ROWE, MARIE
Address: 4735 OAK HILL DR
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: BLACK, SHELBY
Address: 1813 WOOD HOLLOW CT
City-St-Zip: SARASOTA, FL 34235

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
Name:
Address:
City-St-Zip:

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

Title: D (X) Change () Addition
Name: BLACK, SHELBY
Address: 7849 ASHLEY CIRCLE
City-St-Zip: UNIVERSITY PARK, FL 34201

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: THOMAS R. COURTNEY

D

04/17/2005

Electronic Signature of Signing Officer or Director

Date