## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008887

FILED Apr 02, 2008 Secretary of State

Entity Name: CHRISTIAN METAPHYSICAL FELLOWSHIP, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1650 PINELLAS PT DR S ST PETERSBURG, FL 33712 **Current Mailing Address: New Mailing Address:** 1650 PINELLAS PT DR S ST PETERSBURG, FL 33712 FEI Number: 56-2406148 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COURTNEY, THOMAS R 1650 PINELLAS PT DR S ST PETERSBURG, FL 33712 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete COURTNEY, EILEEN F Name: Name: 1650 PINELLAS PT DR S Address: Address: City-St-Zip: ST PETERSBURG, FL 33712 City-St-Zip: Title: Title: ( ) Delete () Change () Addition COURTNEY, THOMAS R Name: Name: Address: 1650 PINELLAS PT DR S Address: City-St-Zip: ST PETERSBURG, FL 33712 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MACHADO, SHAWNA Name: MACHADO, SHAWNA Name: 1121 PANACEA BLVD. #301 1255 YACHT CLUB DR. Address: Address: City-St-Zip: NORTH PORT, FL 34289 City-St-Zip: VENICE, FL 34293 Title: ( ) Delete Title: () Change () Addition Name: GALLO, ROSALANO Name: 2704 GOLF COURSE DR Address: Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BRADBURN, FERN BROWN, SHEILA Name: Name: 2407 ARBORETUM CIRCLE 4170 HEARTHSTONE DR. Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34238 Title: () Delete Title: (X) Change ( ) Addition BLACK, SHELBY BIFANO, JULIE Name: Name: Address: 7849 ASHLEY CIRCLE Address: 668 N. JEFFERSON AVE. UNIVERSITY PARK, FL 34201 SARASOTA, FL 34237 City-St-Zip: 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: EILEEN L. COURTNEY D 04/02/2008