

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000648

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** THE COLLEGE OF METAPHYSICAL STUDIES, INC.

**Current Principal Place of Business:**

18514 US HWY 19 NORTH  
STE B  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

18514 US HWY 19 NORTH  
STE B  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 20-5037562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD  
Name: DANIELLE, PAUL F  
Address: 18514 US HEY 19 NORTH - STE B  
City-St-Zip: CLEARWATER, FL 33764

Title: VPTD  
Name: DANIELLE, BARBARA  
Address: 18514 US HEY 19 NORTH - STE B  
City-St-Zip: CLEARWATER, FL 33764

Title: SD  
Name: STEWART, BRUCE  
Address: 18514 US HEY 19 NORTH - STE B  
City-St-Zip: CLEARWATER, FL 33764

I hereby 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 all other like empowered.

SIGNATURE: BARBARA DANIELE

EXEC

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date