


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

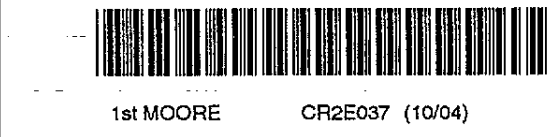
| | |
|--|--|
| DOCUMENT # N33581 1. Entity Name UNITED METAPHYSICAL CHURCH OF PALM BEACHES, INC. |  |
|--|--|

| | |
|--|--|
| Principal Place of Business 528 SO. HAVERHILL RD. WEST PALM BEACH FL 33415 | Mailing Address P O BOX 17922 WEST PALM BEACH FL 33416-922 US |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



| | |
|---|----------------------------|
| 4. FEI Number NO-T APPLICABLE | Applied For Not Applied |
|---|----------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent KOHLBECKER, JAMES R 4971 SUNNY LANE AVE. WEST PALM BEACH FL 33415 |
|---|

| |
|--|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|

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 <small>Signature, typed or printed name of registered agent and title if applicable</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> | DATE |
|--|---|------|

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

| | |
|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

Make Check Payable to
Florida Department of State

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|--------------------------|---------------------------------|
| TITLE | SD STRYKER, CASSANDRA | <input type="checkbox"/> |
| NAME | 12764 MEADOWBREEZE DR. | |
| STREET ADDRESS | WELLINGTON FL 33414 | |
| CITY - ST - ZIP | | |
| TITLE | VP MAITNER, PENNY | <input type="checkbox"/> |
| NAME | 59 MAYFAIR LANE | |
| STREET ADDRESS | BOYNTON BEACH FL 33426 | |
| CITY - ST - ZIP | | |
| TITLE | T ZAMANI, SUSAN | <input type="checkbox"/> |
| NAME | 2815 GENESSEE | |
| STREET ADDRESS | WEST PALM BEACH FL 33409 | |
| CITY - ST - ZIP | | |
| TITLE | DP JIM KOHLBECKER | <input type="checkbox"/> |
| NAME | 4971 SUNNY LANE AVENUE | |
| STREET ADDRESS | WEST PALM BEACH FL 33415 | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
|---|--------------------------|---------------------------------|------------------------------|
| TITLE | 100000216784 | | |
| NAME | 02/05/05-80063-012 61.25 | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 changed, or on an attachment with an address, with all other like empowered.

| | |
|---|--|
| SIGNATURE: <i>Jim Kohlbecker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: <i>2/2/05</i> <small>Date</small> |
|---|--|