

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91385 010 *****70.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2945392**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILLAN-MCLAURY, PAULA
12924 153 RD COURT NO.
JUPITER FL 33478**

7. Name and Address of New Registered Agent

Name **JAMES R. KOHLBECKER**

Street Address (P.O. Box Number is Not Acceptable)

4971 SUNNY LANE AVE

W. PALM BEACH, FL 33415

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 *James R Kohlbecker* **JAMES R KOHLBECKER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

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

TITLE **D** ☒ Delete
NAME **LISKA, MARI**
STREET ADDRESS **5813 DEWBERRY WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **VO** ☒ Delete
NAME **STRYKER, CASSANDRA**
STREET ADDRESS **12764 MEADOW BREEZE DR**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **TR** ☒ Delete
NAME **HILLIAN-MCLAURY, PAULA**
STREET ADDRESS **12924 153RD COURT NORTH**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **T** ☐ Delete
NAME **ZAMANI, SUSAN**
STREET ADDRESS **2815 GENESSEE**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **DP** ☐ Delete
NAME **JIM KOHLBECKER**
STREET ADDRESS **4971 SUNNY LANE AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY/DIRECTOR** ☒ Change ☐ Addition
NAME **STRYKER, CASSANDRA**
STREET ADDRESS **12764 MEADOWBREEZE DR**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **PENNY MAITNER**
STREET ADDRESS **59 MAYFAIR LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

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

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

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

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: *James R Kohlbecker* **JAMES R KOHLBECKER** **4/23/03** **5616551827**

CR2E037 (10/02)