

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90182 019 ****61.25

DOCUMENT # N95000004756

1. Corporation Name

KENLEY METAPHYSICAL CENTER, INC.

Principal Place of Business

4966 N UNIV DR
LAUDERHILL FL 33351
US

Mailing Address

4966 N UNIV DR
LAUDERHILL FL 33351
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/09/1995

4. FEI Number

65-06 10534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FERGUSON, RECKEL
4940 N. UNIVERSITY DRIVE
TALLAHASSEE FL 33321

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FERGUSON, RECKEL**
STREET ADDRESS **4940 NORTH UNIVERSITY DRIVE**
CITY-ST-ZIP **LAUDERHILL FL 33321**

TITLE **S** ☐ DELETE
NAME **RITZ, MAUREEN M**
STREET ADDRESS **4028 INVERRARY DR.**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **T** ☐ DELETE
NAME **RITZ, RAY M**
STREET ADDRESS **4028 INVERRARY DR.**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **T** ☒ DELETE
NAME **RICHARDS, DAVID**
STREET ADDRESS **6240 SW 4TH PL.**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **LINDA CIASNOHA**
1.3 STREET ADDRESS **8859 SW 49TH ST**
1.4 CITY-ST-ZIP **FT LAUDERDALE FL 33328**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of David Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Res. 4/22/99 454 749 9409
Date Daytime Phone #

CR2E037 (11/98)

0039779