

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

FILED
Jul 11, 2003 8:00 am
Secretary of State

05-22-2003 90143 026 ****70.00

DOCUMENT # 195000004756

1. Entity Name

KENLEY METAPHYSICAL
CENTER, INC



DO NOT WRITE IN THIS SPACE

55050984

2. Principal Place of Business

KENLEY METAPHYSICAL
Suite, Apt. #, etc. CENTER INC

3. Mailing Address

4175 N PINE ISLAND RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SAME

City & State

SUNRISE FL

4. FEI Number

65-0610534

Applied For

Not Applicable

Zip

Country

Zip

Country

33351

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RECKEL FERGUSON

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

4966 N. UNIV. DR.

City

LAUDERHILL

FL

Zip Code

33351

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE: \$8.75

Initial or Amended UBR

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
NAME RECKEL FERGUSON
STREET ADDRESS 4966 N UNIV. DR
CITY-ST-ZIP LAUDERHILL FL 33351
(PRESIDENT)

TITLE T
NAME PATTI FERGUSON
STREET ADDRESS 20820 NW 36 AVE
CITY-ST-ZIP OPA-LOCCA FL 33056
TREASURER

TITLE T
NAME CHRIL FERGUSON
STREET ADDRESS 20820 NW 36 AVE
CITY-ST-ZIP OPA-LOCCA, FL 33056
(VICE-PRES)

TITLE T
NAME MAUREEN RITZ
STREET ADDRESS 521 AIRPORT RD #146
CITY-ST-ZIP SANTA FE, N M 87507
Secretary

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Reckel Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/03
Date

Daytime Phone #

CR2E037B (12/02)