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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001518 (6)**

1. Corporation Name

ORGANIZATION FOR THE ADVANCEMENT OF METAPHYSICAL  
SCIENCE, INC.

Principal Place of Business

Mailing Address

8236 HARE AVE  
JACKSONVILLE FL 32211

4000-27 ST JOHNS AVE. STE 21  
JACKSONVILLE FL 32205-9345



3. Date Incorporated or Qualified

03/13/1997

4. FEI Number

59-3405038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 4000-27 ST JOHNS AVE

26 Suite, Apt. #, etc.

22 SUITE 21

27 Suite, Apt. #, etc.

23 JACKSONVILLE FL

28 City & State

24 32205-9345 25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRETMOYER, TED E  
8236 HARE AVE  
JACKSONVILLE FL 32211

81 Name

TED E. STRETMOYER

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

4000-27 ST JOHNS AVE

83

SUITE 21

84 City

JACKSONVILLE

FL

85 Zip Code

32205-9345

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	D	<input type="checkbox"/> DELETE
NAME	STRETMOYER, TED E	
STREET ADDRESS	8236 HARE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STRETMOYER, MARJORIE F	
STREET ADDRESS	8236 HARE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, BONNIE L	
STREET ADDRESS	602 SOUTH OHIO	
CITY-ST-ZIP	WESLACO TX 78596	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TED E STRETMOYER	
1.3 STREET ADDRESS	4000-27 ST JOHNS AVE, SUITE 21	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32205-9345	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARJORIE F. STRETMOYER	
2.3 STREET ADDRESS	4000-27 ST JOHNS AVE, SUITE 21	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32205-9345	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Ted E. Stretmoyer*

1-27-98

904-721-8324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-721-8324

CR2E037 (10/97)