

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712639

**Entity Name:** CHURCH OF METAPHYSICAL CHRISTIANITY, INC.

**Current Principal Place of Business:**

5041 RINGWOOD MEADOW  
SARASOTA, FL 34235

**Current Mailing Address:**

5041 RINGWOOD MEADOW  
SARASOTA, FL 34235 US

**FEI Number:** 59-6169981

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAMES, SHARON E  
5041 RINGWOOD MEADOW  
SARASOTA, FL 34235 US

*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.*

**SIGNATURE:** REV. SHARON ELIZABETH JAMES

03/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name JAMES, SHARON E  
Address 3772 MAPLE HOLLOW CT  
City-State-Zip: SARASOTA FL 34243

Title SEC/TRESURER  
Name GRACZYK, ELAINE  
Address 4002 BARRY WAY  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name BROOKS, RICHARD  
Address 119 HALTON PLACE #115  
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR  
Name WITHERSPOON, BONNIE  
Address 4626 SUMMER OAK AVE E  
921  
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR  
Name BERNER, DOROTHY  
Address 20 UNION SQUARE BLVD  
APT B  
City-State-Zip: NORTH CHILI NY 14514

Title DIRECTOR  
Name KREITHEN, JOSHUA C  
Address 4677 DEL SOL BLVD  
SARASOTA  
City-State-Zip: FL FL 34243

Title DIRECTOR  
Name SANDY, ROTINO  
Address 3262 MANHATTAN STREET  
City-State-Zip: PORT CHARLOTTE FL 33952

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON E. JAMES

PRESIDENT

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date