

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90398 025 \*\*\*\*61.25

**DOCUMENT # F02000005032**

1. Entity Name

THE INSTITUTE FOR CREATION RESEARCH, INC.



Principal Place of Business

10946 WOODSIDE AVENUE NORHT  
 SANREE CA 92071

Mailing Address

10946 WOODSIDE AVENUE NORHT  
 SANREE CA 92071

2. Principal Place of Business

10946 Woodside Ave North

Suite, Apt. #, etc.

3. Mailing Address

10946 Woodside Ave North

Suite, Apt. #, etc.

City & State

Santee, CA

City & State

Santee, CA

4. FEI Number

95-3523177

Applied For

Not Applicable

Zip

92071

Country

USA

Zip

92071

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	BLISS, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	10946 WOODSIDE AVENUE NORHT	
CITY-ST-ZIP	SANREE CA 92071	
TITLE NAME	HARRISON, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	10946 WOODSIDE AVENUE NORHT	
CITY-ST-ZIP	SANREE CA 92071	
TITLE NAME	MATHER, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	10946 WOODSIDE AVENUE NORHT	
CITY-ST-ZIP	SANREE CA 92071	
TITLE NAME	ANDERSON, BARTON	<input type="checkbox"/> Delete
STREET ADDRESS	10946 WOODSIDE AVENUE NORHT	
CITY-ST-ZIP	SANREE CA 92071	
TITLE NAME	ARMSTRONG, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	10946 WOODSIDE AVENUE NORHT	
CITY-ST-ZIP	SANREE CA 92071	
TITLE NAME	EDNEY, DON	<input type="checkbox"/> Delete
STREET ADDRESS	10946 WOODSIDE AVENUE NORHT	
CITY-ST-ZIP	SANREE CA 92071	

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

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #