

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90128 024 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3523177**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

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

SIGNATURE: *Donald H. Rohrer, Jr.* Chief Financial Officer
4-29-03 (119)448-0900

CR2E037 (10/02)