

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005032

**Entity Name:** THE INSTITUTE FOR CREATION RESEARCH, INC.

**Current Principal Place of Business:**

1806 ROYAL LANE  
DALLAS, TX 75229

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC3945464578**

**Current Mailing Address:**

1806 ROYAL LANE  
DALLAS, TX 75229 US

**FEI Number: 95-3523177**

**Certificate of Status Desired: Yes**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CFO  
Name TURNER, F. EILEEN  
Address 1806 ROYAL LANE  
City-State-Zip: DALLAS TX 75229

Title CHAIRMAN  
Name MITCHELL, DAN  
Address 1806 ROYAL LANE  
City-State-Zip: DALLAS TX 75229

Title TRUSTEE  
Name BLISS, RICHARD  
Address 1806 ROYAL LANE  
City-State-Zip: DALLAS TX 75229

Title CEO  
Name MORRIS III, HENRY MDR.  
Address 1806 ROYAL LANE  
City-State-Zip: DALLAS TX 75229

Title TRUSTEE  
Name FARELL, DAN  
Address 1806 ROYAL LANE  
City-State-Zip: DALLAS TX 75229

Title TRUSTEE  
Name BRUNSON, DONALD DR.  
Address 1806 ROYAL LANE  
City-State-Zip: DALLAS TX 75229

Title TRUSTEE  
Name GUILLAUME, WALTER  
Address 1806 ROYAL LANE  
City-State-Zip: DALLAS TX 75229

*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: F. EILEEN TURNER**

**CFO**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date