

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

3. Mailing Address

10946 Woodside Ave North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santee, CA

City & State

Santee, CA

4. FEI Number

95-3523177

Applied For

Not Applicable

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #