2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N98000000836 Feb 01, 2001 8:00 am Secretary of State 1. EDWYYTONA BEACH PASADENA INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC. 02-01-2001 90190 016 ****61.25 Principal Place of Business Mailing Address 962 Millard Court 962 Millard Court Daytona Beach FL 32117 Daytona Beach FL 32117 10017985 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59 3492949 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY, BETTIE F Street Address (P.O. Box Number is Not Acceptable) 962 Millard Court Daytona Beach FL 32117 City Zip Code FŁ 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. S/T/D TITLE TITLE ■ Addition Bettie F. Bailey Bettie F. Bailey MAME NAME 962 Millard Court STREET ADDRESS 1401 SliPalmetto Ave #204 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Daytona Beach FL 32117 Daytona Beach, FL 32114 ☐ Delete TITLE ☐ Change Rodney B. Kinley NAME Lupe L. Kinley NAME STREET ADDRESS 428 Golf Blvd. 428 Golf Blvd. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Daytona Beach, FL 32118 Daytona Beach, FL 32118 Delete TITLE ☐ Change ☐ Addition NAME NAME Retha Blue-... STREET ADDRESS STREET ADDRESS 1003 S. Palmetto Ave #1 CITY-ST-ZIP CITY-ST-ZIP Daytona Beach FL 32114 TITLE ☐ Detete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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.

Secretary/Treasurer 01/22/01 (904)252-6838

SHOWATIVE AND THE ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone #