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

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90018 024 ****61.25

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1. Entity Name

DAYTONA BEACH PASADENA INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC.

54004511

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
962 MILLARD COURT DAYTONA BEACH FL 32117	962 MILLARD COURT DAYTONA BEACH FL 32117

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3492949 ☐ Applied For ☐ Not Applicable

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
BAILEY, BETTIE F 962 MILLARD COURT DAYTONA BEACH FL 32117	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP	PD KINLEY, LUPE L DR. 1530 DECATUR AVE HOLLY HILL FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KINLEY, LUPE L. DR. 284 S. ORCHARD STREET ORMOND BEACH, FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BLUE, RETHA DR. 1130 LEWIS DRIVE HOLLY HILL FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BLUE, RETHA DR. 1130 LEWIS DRIVE DAYTONA BEACH, FL 32117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BAILEY, BETTIE F DR. 962 MILLARD COURT DAYTONA BEACH FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KINLEY, RODNEY B DR. 1530 DECATEUR AVE HOLLY HILL FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KINLEY, RODNEY B. DR. 284 S. ORCHARD STREET ORMOND BEACH, FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] SECRETARY TREASURER 2-6-04 (386) 252-6838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #