# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2005 8:00 am**
**Secretary of State**
04-04-2005 90415 001 ***211.25

DOCUMENT # N98000000836

1. Entity Name
DAYTONA BEACH PASADENA INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % DR. BETTIE F. BAILEY<br>1965 CHARLESTON HOUSE WAY #3108<br>HOLLY HILL, FL 32117 | % DR. BETTIE F. BAILEY<br>1965 CHARLESTON HOUSE WAY #3108<br>HOLLY HILL, FL 32117 |

03282005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1717 Mason Avenue | 1717 Mason Avenue |
| Suite, Apt. #, etc.: 1217 | Suite, Apt. #, etc.: 1217 |
| City & State: Daytona Beach, FL. | City & State: Daytona Beach, FL. |
| Zip: 32117 Country: Volusia | Zip: 32117 Country: Volusia |

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**

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

**7. Name and Address of New Registered Agent**

Name: Dr. Lisa A. Brooks
Street Address (P.O. Box Number is Not Acceptable): 1717 Mason Avenue Apt. #1217
City: Daytona Beach FL Zip Code: 32117

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: Dr. Lisa A. Brooks; Secretary - Treasure DATE: 3-30-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

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<br>KINLEY, LUPE L DR.<br>284 S ORCHARD ST<br>ORMOND BEACH, FL 32174 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BLUE, RETHA DR.<br>1130 LEWIS DRIVE<br>DAYTONA BEACH, FL 32117 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>BAILEY, BETTIE F DR.<br>962 MILLARD COURT<br>DAYTONA BEACH, FL 32117 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>Brooks, Lisa A. Dr.<br>1717 Mason Ave. Apt. 1217<br>Daytona Beach, Florida 32117<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KINLEY, RODNEY B DR.<br>284 S ORCHARD ST<br>ORMOND BEACH, FL 32174 | ☐ 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 |
| 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:** Dr. Lisa A. Brooks 3-30-05 386-274-4462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #