

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000836 1. Entity Name DAYTONA BEACH PASADENA INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC.	
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Principal Place of Business 1717 MASON AVE 1217 DAYTONA BEACH, FL 32117	Mailing Address 1717 MASON AVE 1217 DAYTONA BEACH, FL 32117
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DO NOT WRITE IN THIS SPACE



02082006 No Chg-NP CR2E037 (11/05)

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 BROOKS, LISA A 1717 MASON AVE APT #7217 DAYTONA BEACH, FL 32117

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IN THIS SPACE**

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 <u>Dr. Lisa A. Brooks - Sec. Treasurer - Dr. Lisa A. Brooks</u> 2-13-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINLEY, LUPE L DR. 284 S ORCHARD ST ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLUE, RETHA DR. 1130 LEWIS DRIVE DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROOKS, LISA A DR 1717 MASON AVE, SUITE 1217 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINLEY, RODNEY B DR. 284 S ORCHARD ST ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/17/06-80026-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u>Dr. Lisa A. Brooks</u> 2-13-06 386-274-4462 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
