2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90181 008 ****61.25

DOCUMENT # N98000000836

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

Principal Place of Business	Mailing Address
1717 MASON AVE 1217 DAYTONA BEACH, FL 32117	1717 MASON AVE 1217 DAYTONA BEACH, FL 32117

04072007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

BROOKS, LISA A
1717 MASON AVE
APT #~~7217~~ 1217
DAYTONA BEACH, FL 32117

7. Name and Address of New Registered Agent

Name: Lisa A. Brooks
Street Address (P.O. Box Number is Not Acceptable): 1717 Mason Ave
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 — 4-20-07
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, 2007

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. 284 S ORCHARD ST ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BLUE, RETHA DR. 1130 LEWIS DRIVE DAYTONA BEACH, FL 32117	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kinley, Rodney B. Dr. 284 S. Orchard St Ormond Beach, Fl. 32174	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BROOKS, LISA A DR 1717 MASON AVE, SUITE 1217 DAYTONA BEACH, 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	PD KINLEY, RODNEY B DR. 284 S ORCHARD ST ORMOND BEACH, FL 32174	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST. Brooks, Lisa A. Dr. 1717 Mason Ave. Apt.#1217 Daytona Beach, Fl. 32117	☐ 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 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: Dr. Lisa A. Brooks — 4-20-07 — 386-239-4462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #