

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90240 038 ****61.25

DOCUMENT # N98000000836					
1. Entity Name DAYTONA BEACH INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC.					
Principal Place of Business 1717 MASON AVE 1217 DAYTONA BEACH, FL 32117			Mailing Address 1717 MASON AVE 1217 DAYTONA BEACH, FL 32117		
2. Principal Place of Business - No P.O. Box # 303 Carawah Drive		3. Mailing Address 303 Carawah Drive			
Suite, Apt. #, etc. C		Suite, Apt. #, etc. C			
City & State Daytona Beach, Florida		City & State Daytona Beach, Florida		4. FEI Number 59-3492949	
Zip 32117		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS, LISA A 1717 MASON AVE APT. 1217 DAYTONA BEACH, FL 32117			7. Name and Address of New Registered Agent Name: <u>Dr. Lisa A. Brooks</u> Street Address (P.O. Box Number is Not Acceptable): <u>303 Carawah Drive Apt. C</u> City: <u>Daytona Beach</u> FL Zip Code <u>32117</u>		
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</u> DATE: <u>April 30, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME KINLEY, LUPE L DR. STREET ADDRESS 284 S ORCHARD ST CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME KINLEY, RODNEY B DR. STREET ADDRESS 284 S. ORCHARD ST CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME BLUE, RETHA DR STREET ADDRESS 1130 LEWIS DRIVE CITY-ST-ZIP DAYTONA BEACH, FL 32117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>V Blue, Retha Dr.</u> <u>921 Rosewood Street</u> <u>Daytona Beach, FL 32117</u>	
TITLE ST NAME BROOKS, LISA A DR STREET ADDRESS 1717 MASON AVE APT. #1217 CITY-ST-ZIP DAYTONA BEACH, FL 32117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>St Brooks, Lisa A. Dr.</u> <u>303 Carawah Drive Apt. C</u> <u>Daytona Beach, FL 32117</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>Dr. Lisa A. Brooks</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>April 30, 2008</u> Daytime Phone #: <u>386-274-4462</u>		