

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000836

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

303 CARANAH DDR
C
DAYTONA BEACH, FL 32117

Current Mailing Address:

303 CARANAH DDR
C
DAYTONA BEACH, FL 32117

New Principal Place of Business:

303 CAVANAH DDR
C
DAYTONA BEACH, FL 32117

New Mailing Address:

303 CAVANAH DDR
C
DAYTONA BEACH, FL 32117

FEI Number: 59-3492949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, LISA A DR
303 CARANAH DR
APT C
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

BROOKS, LISA A DR
303 CAVANAH DR
APT C
DAYTONA BEACH, FL 32117 US

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.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KINLEY, LUPE L DR.
Address: 284 S ORCHARD ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: KINLEY, RODNEY B DR.
Address: 284 S. ORCHARD ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: V () Delete
Name: BLUE, RETHA DR
Address: 921 ROSEWOOD ST
City-St-Zip: DAYTONA BEACH, FL 32117

Title: ST () Delete
Name: BROOKS, LISA A DR
Address: 303 CARANAH DR APT C
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: BROOKS, LISA A DR
Address: 303 CAVANAH DR APT C
City-St-Zip: DAYTONA BEACH, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LISA BROOKS

ST

04/29/2009

Electronic Signature of Signing Officer or Director

Date