

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000836

FILED  
May 01, 2012  
Secretary of State

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

**Current Principal Place of Business:**

FAIR OAKS CIRCLE  
26  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

FAIR OAKS CIRCLE  
26  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**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  
FAIR OAKS CIRCLE  
26  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KINLEY, LUPE L DR.  
Address: 43 CAPRI CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: V  
Name: KINLEY, EILEEN M DR.  
Address: 386 MILITARY BLVD.  
City-St-Zip: ORMOND BEACH, FL 32117

Title: ST  
Name: BROOKS, LISA A DR  
Address: 26 FAIR OAKS CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32114

Title: SUPT  
Name: BROOKS, KEMYA DR  
Address: 1417 CONTINENTAL DRIVE  
City-St-Zip: HOLLY HILL, FL 32117

Title: BKPR  
Name: BAILEY, RICHARD L DR  
Address: 1257 DAL MASO DRIVE  
City-St-Zip: HOLLY HILL, FL 32117

I hereby 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 all other like empowered.

SIGNATURE: LISA A. BROOKS

ST.

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date