FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05462

1. Corporation Name

INTERNATIONAL ASSOCIATION OF METAPHYSICS, INC.

Principal Place of Business
1439 So. Crescent Hgts Blvd.
Los Angeles, Ca. 90035

Mailing Address
40 So. St. Andrews St.
Ormond Bch, Fla 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1985
3a. Date of Last Report: 02/24/1994

4. FEI Number: 95-3713281 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSE ELLEN BIGGERS
1514 Pine Ave.
Holly Hill, Fla 32117

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	THOMAS, JAMES W. R., D.C.	12 NAME	
STREET ADDRESS	440 LAKE PEARL DR.	13 STREET ADDRESS	
CITY ST ZIP	LAKE HELEN, FLA. 32744	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	TOLLSON, JOAN	22 NAME	900001483339
STREET ADDRESS	2513 WELLINGTON RD.	23 STREET ADDRESS	-05/10/95--01107--022
CITY ST ZIP	LOS ANGELES, CA. 90035	24 CITY ST ZIP	*****61.25 *****61.25
TITLE	S/D	31 TITLE	☐ Change ☐ Addition
NAME	CASSELBORRY, MATILDA C.	32 NAME	
STREET ADDRESS	8211 SUMMERTIME LANE	33 STREET ADDRESS	
CITY ST ZIP	CULVER CITY, CA. 90230	34 CITY ST ZIP	
TITLE	T/D	41 TITLE	☐ Change ☐ Addition
NAME	CURTIS, LINFORD D.	42 NAME	
STREET ADDRESS	40 SO. ST. ANDREWS ST.	43 STREET ADDRESS	
CITY ST ZIP	ORMOND BCH, FL 32174	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GAIL KUHNS	52 NAME	
STREET ADDRESS	2851 EAST ROLLING HILLS DR #243	53 STREET ADDRESS	
CITY ST ZIP	FULLERTON, CA. 92635	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	OKAHARA, CAROLINE S.	62 NAME	
STREET ADDRESS	1439 S. CRESCENT HTS. BLVD.	63 STREET ADDRESS	
CITY ST ZIP	LOS ANGELES, CA. 90035	64 CITY ST ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linford D Curtis - LINFORD D. CURTIS 4-12-95 904-672-3854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #