

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P05462 (7)
1. Corporation Name
INTERNATIONAL ASSOCIATION OF METAPHYSICS, INC.



Principal Place of Business Mailing Address
1439 SOUTH CRESCENT HEIGHTS BLVD.
LOS ANGELES CA 90035 40 S. STREET ANDERWS ST.
ORMOND BCH. FL 32174

3. Date Incorporated or Qualified 03/28/1985 3a. Date of Last Report 05/01/1995
4. FEI Number 95-3713281 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ROSE ELLEN BIGGERS
1514 PINE AVENUE
HOLLY HILL FL 32017

10. Name and Address of New Registered Agent

81 Name Linford D. CURTIS
82 Street Address (P.O. Box Number is Not Acceptable) 40 S. ST. ANDERWS ST
83
84 City ORMOND BCH FL 85 Zip Code 32174

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Linford D. Curtis, Secy

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	THOMAS, JAMES W.R., D.C.	440 LAKE PEARL DRIVE LAKE HELEN FL
NAME	VD	TOUSSANT, JOAN	2513 WELLINGTON RD LOS ANGELES CA
STREET ADDRESS	SD	CASSELBERRY, MATILDA C.	8211 SUMMERTIME LANE CULVER CITY CA
CITY - ST - ZIP	TD	LINFORD, CURTIS D	40 S. ST. ANDERWS ST. ORMOND BCH FL 32174
	D	KUHNS, GAIL	2851 EAST ROLLING HILLS DR #243 FULLERTON CA
	D	OKAHARA, CAROLINE S.	1439 S CRESCENT HTS BLVD LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	Loreli Wilson	1724 Raleigh St	Holly Hill, FL 32117
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
	LAST NAME is CURTIS	NOT CURTIS	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
	Loreli Wilson	1724 Raleigh St	Holly Hill, FL 32117
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

CR2E037 (3/96)

I 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)(k), Florida Statutes. I 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 I were sworn to 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 the information appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

SIGNATURE: Linford D. Curtis, Secy 6/1/96 908/2510538