

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 23 1998 8:00am
Secretary of State

0014051

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

4. FEI Number

95-3713281

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINFORD D. CURTIS
40 S. ST. ANDREWS ST.
ORMOND BEACH FL 32017

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, JAMES W.R., D.C.	
STREET ADDRESS	440 LAKE PEARL DRIVE	
CITY-ST-ZIP	LAKE HELEN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOUSSANT, JOAN	
STREET ADDRESS	2513 WELLINGTON RD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CASSELBERRY, MATILDA C.	
STREET ADDRESS	8211 SUMMERTIME LANE	
CITY-ST-ZIP	CULVER CITY CA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LINFORD CURTIS	
STREET ADDRESS	40 S. ST. ANDREWS ST.	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LORELI WILSON	
STREET ADDRESS	1724 RALEIGH ST.	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OKAHARA, CAROLINE S.	
STREET ADDRESS	1439 S CRESCENT HTS BLVD	
CITY-ST-ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINFORD CURTIS

Date

Daytime Phone #

CR2E037 (5/98)