

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P05462**

1. Entity Name  
**INTERNATIONAL ASSOCIATION OF METAPHYSICS, INC.**



Principal Place of Business  
**139 CHESTNUT LANE  
LAKE HELEN, FL 32744**

Mailing Address  
**139 CHESTNUT LANE  
LAKE HELEN, FL 32744**



02282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>95-3713281</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**JAMES W.R. THOMAS D.C.O.M.  
139 CHESTNUT LANE  
LAKE HELEN, FL 32744**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

000000851630  
03/25/08-80048-004 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	THOMAS, JAMES W.R., D.C.O.M.
STREET ADDRESS	139 CHESTNUT LANE
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	VD
NAME	OKAHARA, CAROLINE
STREET ADDRESS	2617 VIRGINIA ROAD
CITY-ST-ZIP	LOS ANGELES, CA 90016
TITLE	SD
NAME	SHANAHAN, BETSY REV.
STREET ADDRESS	P.O. BOX 64
CITY-ST-ZIP	CASSADASA, FL 32706
TITLE	TD
NAME	WOLLARD, CANDIE C
STREET ADDRESS	1685 MANOR WAY
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/08**

**1-386 985-0212**

Date

Daytime Phone #