

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05462

FILED  
Apr 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

139 CHESTNUT LANE  
LAKE HELEN, FL 32744

**New Principal Place of Business:**

136 CHESTNUT LANE  
LAKE HELEN, FL 32744

**Current Mailing Address:**

139 CHESTNUT LANE  
LAKE HELEN, FL 32744

**New Mailing Address:**

136 CHESTNUT LANE  
LAKE HELEN, FL 32744

**FEI Number:** 95-3713281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

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

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: \_\_\_\_\_

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMAS, JAMES W.R., D.C..O.M.  
Address: 139 CHESTNUT LANE  
City-St-Zip: LAKE HELEN, FL 32744

Title: VD ( ) Delete  
Name: OKAHARA, CAROLINE  
Address: 2617 VIRGINIA ROAD  
City-St-Zip: LOS ANGELES, CA 90016

Title: SD ( ) Delete  
Name: SHANAHAN, BETSY REV.  
Address: P.O. BOX 64  
City-St-Zip: CASSADASA, FL 32706

Title: TD ( ) Delete  
Name: WOLLARD, CANDIE C  
Address: 1685 MANOR WAY  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THOMAS, JAMES W.R., D.C..O.M.  
Address: 136 CHESTNUT LANE  
City-St-Zip: LAKE HELEN, FL 32744

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CANDIE C. WOLLARD

T/D

04/14/2009

Electronic Signature of Signing Officer or Director

Date