

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17308

FILED
May 19, 2006
Secretary of State

Entity Name: INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC.

Current Principal Place of Business:

3409 WEST TWENTY-FIRST STREET
P.O. BOX 19877
LOS ANGELES, CA 90019

New Principal Place of Business:

Current Mailing Address:

3409 WEST TWENTY-FIRST STREET
P.O. BOX 19877
LOS ANGELES, CA 90019

New Mailing Address:

FEI Number: 95-2372338 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIXON, JACQUELYN B
920 WINDGROVE TRAIL
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHES, GARY R.,
Address: 4917 NORTH ACACIA STREET
City-St-Zip: SAN GABRIEL, CA

Title: VD () Delete
Name: HARRIS, ROBERT,
Address: 3405 W. TWENTY-FIRST ST.
City-St-Zip: LOS ANGELES, CA

Title: SD () Delete
Name: HARRIS, MARION E
Address: 3405 W. TWENTY-FIRST ST.
City-St-Zip: LOS ANGELES, CA

Title: TD () Delete
Name: FARLEY, MARION N.,
Address: 2004 FOURTH AVENUE
City-St-Zip: LOS ANGELES, CA

Title: D () Delete
Name: MATHES, PATRICIA,
Address: 4917 NORTH ACACIA STREET
City-St-Zip: SAN GABRIEL, CA

Title: D () Delete
Name: GREER, LAMAR,
Address: 1848 NORTH PALOMARES STREET
City-St-Zip: POMONA, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: JACQUELYN B. MIXON

AGT

05/19/2006

Electronic Signature of Signing Officer or Director

Date