2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17308

FILED Apr 07, 2009 Secretary of State

Entity Name: INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC.

Current Principal Place of Business: New Principal Place of Business: 3409 WEST TWENTY-FIRST ST (BOX 19877) LOS ANGELES, CA 90019 **Current Mailing Address: New Mailing Address:** 3409 WEST TWENTY-FIRST ST (BOX 19877) LOS ANGELES, CA 90019 FEI Number: 95-2372338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIXON, JACQUELYN B 920 WINDGROVE TRAIL MAITLAND, FL 32751 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MATHESS, GARY R. Name: Name: 4917 NORTH ACACIA STREET Address: Address: City-St-Zip: SAN GABRIEL, CA City-St-Zip: Title: VD () Delete Title: () Change () Addition HARRIS, ROBERT Name: Name: Address: 3405 W. TWENTY-FIRST ST. Address: City-St-Zip: LOS ANGELES, CA City-St-Zip: Title: () Delete Title: () Change () Addition HARRIS, MARION E Name: Name: 3405 W. TWENTY-FIRST ST. Address: Address: City-St-Zip: LOS ANGELES, CA City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: FARLEY, MARION N. Name: 2004 FOURTH AVENUE Address: Address: City-St-Zip: LOS ANGELES, CA City-St-Zip: Title: () Delete Title: () Change () Addition MATHESS, PATRICIA Name: Name: 4917 NORTH ACACIA STREET Address: Address: City-St-Zip: SAN GABRIEL, CA City-St-Zip: Title: () Delete Title: (X) Change () Addition GREER, LAMAR GREER, LAMAR Name: Name: Address: 1776 WAYNE AVENUE Address: 708 WEST 145TH STREET POMONA, CA 91767 GARDENA, CA 90247 US City-St-Zip: 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: SUSAN AGRAVA LEGL 04/07/2009