

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213543466

1.) CORPORATION NAME:

INSTITUTE OF DIVINE METAPHYSICAL RESEARCH

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OWEN FLOWERS
1505 CHILWORTH CT
VIRGINIA BEACH, VA**

SCC ID NO: **F0552796**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3409 W 21ST ST
PO BOX 19877

CITY/ST/ZIP: LOS ANGELES, CA 90019

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GARY R MATHESSE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/TRUSTEE		
ADDRESS:	4917 N ACACIA ST		
CITY/ST/ZIP/CO:	SAN GABRIEL, CA 91776		

NAME:	PATRICIA L. MATHESSE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4917 NORTH ACACIA STREET		
CITY/ST/ZIP/CO:	SAN GABRIEL, CA 91776		

NAME:	ROBERT HARRIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/TRUSTEE		
ADDRESS:	3405 W 21ST ST		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90018		

NAME:	MARION E HARRIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S/TRUSTEE		
ADDRESS:	3405 W 21ST ST		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90018		

NAME:	MARION N FARLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	T/TRUSTEE		
ADDRESS:	2004 FOURTH AVE		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90018		

NAME:	LAMAR GREER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PUBLIC RELATION		
ADDRESS:	3407 W 21ST ST		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90018		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROYCE JONES GEN COUN/TRUSTE 5928 CONDON AVE LOS ANGELES, CA 90056	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARION E HARRIS	MARION E HARRIS, S/TRUSTEE	9/17/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.