

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **731368**  
1. Corporation Name

(7)

**AQUARIAN AGE CHURCH INC.**



Principal Place of Business	Mailing Address
432-11 AVENUE NORTH P. O. BOX 20169 ST PETERSBURG FL 33742	432-11 AVENUE NORTH P. O. BOX 20169 ST PETERSBURG FL 33742

3. Date Incorporated or Qualified <b>12/12/1974</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business 21 <b>432-11 Ave N</b>	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number <b>59-2665797</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country	29 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>PALMER, REV. DR. NEILE 432-11 AVE N ST PETERSBURG FL 33701</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PALMER, NEILE DR.</b>	1.2 NAME	
STREET ADDRESS	<b>432 11TH AVE. NO.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY-ST-ZIP <input checked="" type="checkbox"/>	<b>33701</b>
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARMITAGE, DR. ROBIN</b>	2.2 NAME	
STREET ADDRESS	<b>7536 4 STREET N.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP <input checked="" type="checkbox"/>	<b>33742</b>
TITLE	DSP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUDARD, ALBERT</b>	3.2 NAME	
STREET ADDRESS	<b>1207 HULL ST. SOUTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEONARD, MARY E</b>	4.2 NAME	
STREET ADDRESS	<b>1207 HULL STREET SOUTH</b>	4.3 STREET ADDRESS	<b>33764</b>
CITY-ST-ZIP	<b>GULFPORT FL</b>	4.4 CITY-ST-ZIP <input checked="" type="checkbox"/>	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>URZEL, IDA</b>	5.2 NAME	
STREET ADDRESS	<b>432-11 AVENUE</b>	5.3 STREET ADDRESS	<b>432-11 AVENUE No</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	5.4 CITY-ST-ZIP <input checked="" type="checkbox"/>	<b>33701</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Neile Palmer DATE: 4-22-96 DAYTIME PHONE #: 83894-7701

CREE037 (12/95)