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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731368 (7)

1. Corporation Name
AQUARIAN AGE CHURCH INC.



Principal Place of Business 432-11 AVENUE NORTH P. O. BOX 20169 ST PETERSBURG FL 33742	Mailing Address 432-11 AVENUE NORTH P. O. BOX 20169 ST PETERSBURG FL 33742
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3. Date Incorporated or Qualified 12/12/1974	
4. FEI Number 59-2665797	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 432-11 AVENUE NORTH Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 7306 Suite, Apt. #, etc.
22 PO BOX 17306 City & State	27 ST PETERSBURG City & State
23 ST PETERSBURG, FL Zip Country	28 FLORIDA Zip Country
24 33734 25 USA	29 33734 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

01 Name PALMER, REV. DR. NEILE
02 Street Address (P.O. Box Number is Not Acceptable) 432-11 AVE N
03
04 City ST PETERSBURG FL
05 Zip Code 33734

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PALMER, NEILE DR.	
STREET ADDRESS	432 11TH AVE. NO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARMITAGE, DR. ROBIN	
STREET ADDRESS	7536 4 STREET N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DSP	<input type="checkbox"/> DELETE
NAME	STUDARD, ALBERT	
STREET ADDRESS	1207 HULL ST. SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEONARD, MARY E	
STREET ADDRESS	1207 HULL STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	URZEL, IDA	
STREET ADDRESS	421-11 AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT CHARLES B. RUNSTROM
4.3 STREET ADDRESS	432 11TH AVE N
4.4 CITY-ST-ZIP	ST PETERSBURG FL 33701
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rev. Dr. Neile Palmer* **Jan 5-1998 813-894-7701**

CR2E037 (10/97)