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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731368

1. Corporation Name
AQUARIAN AGE CHURCH INC.

Principal Place of Business
432-11 AVENUE NORTH
P. O. BOX 7306
ST. PETERSBURG FL 33734
US

Mailing Address
P. O. BOX 7306
~~P. O. BOX 20169~~
ST. PETERSBURG FL 33734
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2665797

Applied For
Not Applicable

23 City & State

27 City & State
ST PETERSBURG FL 33734

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip Country

29 Zip 33734 30 Country USA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMER, REV. DR. NEILE
432-11 AVE N
ST PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0503 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 *Rev. Dr. Neile Palmer*
Signature, typed or printed name of registered agent and title if applicable.

Rev. Dr. Neile Palmer
(NOTE: Registered Agent signature required when reinstating)

Jan 19 1999
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME PALMER, NEILE DR.
STREET ADDRESS 432 11TH AVE. NO.
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD DELETE
NAME ARMITAGE, DR. ROBIN
STREET ADDRESS 7536 4 STREET N.
CITY-ST-ZIP ST PETERSBURG FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DSP DELETE
NAME STUDARD, ALBERT
STREET ADDRESS 1207 HULL ST. SOUTH
CITY-ST-ZIP ST PETERSBURG FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT DELETE
NAME RUNSTROM, CHARLES B.
STREET ADDRESS 432 11TH AVE., N.
CITY-ST-ZIP ST. PETERSBURG FL 33701

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME URZEL, IDA
STREET ADDRESS 421-11 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Rev. Dr. Neile Palmer* 727-894-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)