

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90138 028 \*\*\*\*61.25

UBR1710

**DOCUMENT # N50614**

Entity Name

**AEQUANIMITAS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**6 WILSON AVE  
 MORGANTOWN WV 26501**

**P.O. BOX 888  
 MORGANTOWN WV 26507  
 US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**91-1575108**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ST. PAUL, ALEXANDRA  
 1111 3RD AVE WEST  
 SUITE 350  
 BRADENTON FL 34205**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>QUESEN, SARAH</b>	
STREET ADDRESS	<b>116 WILSON AVE</b>	
CITY-ST-ZIP	<b>MORGANTOWN WV 26501</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>HEATH, CHRISTINE</b>	
STREET ADDRESS	<b>970 N KALAHEO AVE C-214</b>	
CITY-ST-ZIP	<b>KAILUA HI 96734</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>SPITTLE, ELSIE</b>	
STREET ADDRESS	<b>4840 PARK TERRACE DR</b>	
CITY-ST-ZIP	<b>LONG BEACH CA 90804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KENNEDY, SHANE</b>	
STREET ADDRESS	<b>10145 81 AVE</b>	
CITY-ST-ZIP	<b>EDMONTON AB CN T6H- 3T3</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/02** **(800) 781-2066**

Date

Daytime Phone #

CR2E037 (9/01)