

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90080 028 \*\*\*\*61.25

DOCUMENT # N50614

1. Corporation Name

THE PSYCHOLOGY OF MIND FOUNDATION, INC.  
AEQUANIMITAS FOUNDATION, Inc.

Principal Place of Business

1111 3RD AVE WEST  
SUITE 350  
BRADENTON FL 34205  
US

Mailing Address

1111 3RD AVE WEST  
SUITE 350  
BRADENTON FL 34205  
US



2. Principal Place of Business

21 3129 N. Cambridge Rd.

Suite, Apt. #, etc.

22 Suite 21

City & State

23 Lansing, Michigan

Zip

24 48911

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 27572

Suite, Apt. #, etc.

27

City & State

28 Lansing, Michigan

Zip

29 48909-0572

Country

30 U.S.A.

3. Date Incorporated or Qualified

09/01/1992

4. FEI Number

91-1575108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GLEASON, KEVIN  
STREET ADDRESS 1380 WEST PACES FERRY #170  
CITY-ST-ZIP ATLANTA GA 30327

☐ DELETE

TITLE CD  
NAME SEDGEMAN, JUDITH A.  
STREET ADDRESS 212 MORRIS ST  
CITY-ST-ZIP LA CONNER WA

☐ DELETE

TITLE VD  
NAME GUNN, BOB  
STREET ADDRESS 610 PROVINCE LINE RD  
CITY-ST-ZIP HOPEWELL NJ

☐ DELETE

TITLE TD  
NAME KEYS, LYNN  
STREET ADDRESS 37746 SE RICKERT  
CITY-ST-ZIP CORBETT OR

☐ DELETE

TITLE D  
NAME WOOD, JOHN  
STREET ADDRESS LOT 49 RILEY ROAD  
CITY-ST-ZIP PARKERSVILLE WA 6081

☐ DELETE

TITLE O  
NAME ST, PAUL A  
STREET ADDRESS 1111 THIRD AVE. W. SUITE 350  
CITY-ST-ZIP BRADENTON FL 34205

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SD

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

PD  
FEDEWA, MARILYN H.  
3129 N. CAMBRIDGE RD.  
LANSING, MICHIGAN 48911

☐ Change

☒ Addition

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:

MARILYN H. FEDEWA 4/26/99 (517) 487-1962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)