

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90101 001 ****61.25

DOCUMENT # 731983

1. Entity Name
AQUARIAN UNIVERSAL MISSION, INC.



Principal Place of Business
**6615 N ATLANTIC AVE
B
CAPE CANAVERAL, FL 32920 US**

Mailing Address
**6615 N ATLANTIC AVE
B
CAPE CANAVERAL, FL 32920 US**

60011700



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
23-7404943

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

**SILVER, JOEL S
1240 S ATLANTIC AVE
COCOA BEACH, FL 32931**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SILVER, JOEL S	
STREET ADDRESS	1240 S ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	PD	<input type="checkbox"/> Delete
NAME	O'HARE, SEAN P	
STREET ADDRESS	1250 S ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIDSON, DEBORAH I	
STREET ADDRESS	332 HARBOR DR	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	TD	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CKOD	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARE, SEAN P	
STREET ADDRESS	1250 S. Atlantic Ave	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Backus, Matthew	
STREET ADDRESS	817 Hampton Way	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	CKOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burgess, Josephine E.	
STREET ADDRESS	1203 Whip Lane	
CITY-ST-ZIP	Cocoa, FL 32922	
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 exemptions contained in Chapter 119, 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

Joel S. Silver

1-30-07 321-784-0930