

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731983

FILED
Apr 20, 2009
Secretary of State

Entity Name: AQUARIAN UNIVERSAL MISSION, INC.

Current Principal Place of Business:

6615 N ATLANTIC AVE
B
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

6615 N ATLANTIC AVE
B
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 95-1845777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVER, JOEL S
Address: 1240 S ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD () Delete
Name: O'HARE, SEAN P
Address: 1250 S ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: SD () Delete
Name: BURGESS, JOSEPHINE E
Address: 1203 TULIP LN
City-St-Zip: COCOA, FL 32922

Title: TD (X) Delete
Name: BACKUS, MATTHEW
Address: 817 HAMPTON WAY
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/TD (X) Change () Addition
Name: BACKUS, MATTHEW
Address: 817 HAMPTON WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL S. SILVER

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date