

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50614

Entity Name: AEQUANIMITAS FOUNDATION, INC.

Current Principal Place of Business:

7900 SUNNYSIDE RD
SAINT PAUL, MN 55112

Current Mailing Address:

P.O. BOX 16297
SAINT PAUL, MN 55116 US

FEI Number: 91-1575108

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEKHOR, CALLY
18540 N. DALE MABRY HWY.
LUTZ, FL 33548 US

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

Officer/Director Detail :

Title PD
Name CHIPMAN, A G
Address 110 CASTILLOU WAY
City-State-Zip: SALT SPRING ISLAND BC V8K 1-A8

Title D
Name SICKORA-TROCKMAN, SUSAN
Address 1504 TIMOTHY DRIVE
City-State-Zip: LATROBE PA 15650

Title D
Name MILLER, LESLIE
Address 222 NW 42ND STREET
City-State-Zip: SEATTLE WA 98107

Title CORRESPONDING SECRETARY
Name LOVE, JULIANNE
Address 7900 SUNNYSIDE RD
City-State-Zip: MOUNDS VIEW MN 55112

I hereby 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 all other like empowered.

SIGNATURE: JULIANNE LOVE

**CORRESPONDING
SECRETARY**

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date