

**2016 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  
13336 N. CENTRAL AVENUE  
TAMPA, FL 33612 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

*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:** A.G.CHIPMAN/JULIANNE LOVE

**PRESIDENT/DIRECTOR**

**02/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date