

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.

City & State

City & State

Zip

Country

Zip

Country

01302007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7404943

Applied For
Not Applicable

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 ☐ Delete
NAME SILVER, JOEL S
STREET ADDRESS 1240 S ATLANTIC AVE
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE PD ☐ Delete
NAME O'HARE, SEAN P
STREET ADDRESS 1250 S ATLANTIC AVE
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE SD ☐ Delete
NAME DAVIDSON, DEBORAH I
STREET ADDRESS 332 HARBOR DR
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE TD ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CKOD ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition
NAME O'HARE, SEAN P
STREET ADDRESS 1250 S. Atlantic Ave
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME Backus, Matthew
STREET ADDRESS 817 Hampton Way
CITY-ST-ZIP Merritt Island, FL 32953

TITLE CKOD ☐ Change ☒ Addition
NAME Burgess, Josephine E.
STREET ADDRESS 1203 Whip Lane
CITY-ST-ZIP Cocoa, FL 32922

TITLE ☐ Change ☐ 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