


FILE NOW: FILING FEE IS \$61.25

1-3

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767981** (4)  
1. Corporation Name  
**THE INSTITUTE OF ACQUARIAN METAPHYSICS/THE ACQUARIAN CHURCH INC.**



Principal Place of Business <b>ACQUARIAN CHURCH INC.</b> <b>2921 NW 29TH TERRACE</b> <b>FT LAUDERDALE FL 33311</b> <b>OAKLAND PARK</b>	Mailing Address <b>NEW THOUGHT, INC.</b> <b>ACQUARIAN CHURCH INC.</b> <b>2921 NW 29TH TERRACE</b> <b>FT LAUDERDALE FL 33311</b> <b>OAKLAND PARK</b>
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3. Date Incorporated or Qualified <b>04/15/1983</b>	3a. Date of Last Report <b>04/27/1995</b>
4. FEI Number <b>59-0502091-65-0144812</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**MULLOY, WALTER T., D.R., H.M.**  
**2921 NW 29TH TERRACE**  
**FT LAUDERDALE FL 33311**  
**OAKLAND PARK**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

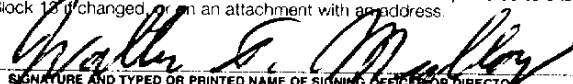
DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>MULLOY, WALTER T.</b>
STREET ADDRESS	<b>2921 NW 29TH TERRACE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL OAKLAND PARK FL</b>
TITLE	<b>VD</b>
NAME	<b>WINOGRAD, DANIEL, B</b>
STREET ADDRESS	<b>2901 NW 29 AVE</b>
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>
TITLE	<b>SD</b>
NAME	<b>MULLOY, JACQUELINE, JANE</b>
STREET ADDRESS	<b>4290 SW 20 ST</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>TD</b>
NAME	<b>O'GRADY, PATRICIA</b>
STREET ADDRESS	<b>3620 NW 34TH AVE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>TROOP, GERALD D.</b>
STREET ADDRESS	<b>2921 NW 29TH TERRACE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ST. MARTIN, PEGGY</b>
5.3 STREET ADDRESS	<b>2921 NW 29TH</b>
5.4 CITY-ST-ZIP	<b>OAKLAND PARK FL 33311</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**WALTER T. MULLOY**

4. 24 AC

309-731-4820

Date

Daytime Phone #

CR2E037 (12/95)