

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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>NEW THOUGHT, INC. 2921 NW 29TH TERRACE OAKLAND PARK FL 33311 US</b>	Mailing Address <b>NEW THOUGHT, INC. 2921 NW 29TH TERRACE OAKLAND PARK FL 33311 US</b>
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3. Date Incorporated or Qualified <b>04/15/1983</b>
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4. FEI Number <b>65-0144812</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>MULLOY, WALTER T., D.R., H.M. 2921 NW 29TH TERRACE FT LAUDERDALE FL 33311</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PO <input type="checkbox"/> DELETE
NAME	MULLOY, WALTER T.
STREET ADDRESS	2921 NW 29TH TERRACE
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WINOGRAD, DANIEL, B
STREET ADDRESS	2901 NW 29 AVE
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MULLOY, JACQUELINE, JANE
STREET ADDRESS	4290 SW 20 ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	O'GRADY, PATRICIA
STREET ADDRESS	3620 NW 34TH AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CECIL, ST. MARTIN
STREET ADDRESS	2921 NW 29 TERR.
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Walter T. Mulloy **4-14-98** **954-739-7777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2EC037 (10/97)