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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767981

1. Corporation Name

THE INSTITUTE OF ACQUARIAN METAPHYSICS/THE ACQUARIAN CHURCH INC.

Principal Place of Business

**NEW THOUGHT, INC.
2921 NW 29TH TERRACE
OAKLAND PARK FL 33311
US**

Mailing Address

**NEW THOUGHT, INC.
2921 NW 29TH TERRACE
OAKLAND PARK FL 33311
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/15/1983

4. FEI Number

65-0144812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 **PD** ☐ DELETE
NAME **MULLOY, WALTER T.**
STREET ADDRESS **2921 NW 29TH TERRACE**
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE **VD** ☐ DELETE
NAME **WINOGRAD, DANIEL, B**
STREET ADDRESS **2901 NW 29 AVE**
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE **SD** ☐ DELETE
NAME **MULLOY, JACQUELINE, JANE**
STREET ADDRESS **4230 SW 20 ST 1433 MONROE ST**
CITY-ST-ZIP **FT LAUDERDALE FL HOLLYWOOD 33020**

TITLE **TD** ☐ DELETE
NAME **O'GRADY, PATRICIA**
STREET ADDRESS **3620 NW 34TH AVE 6413-3 BAY CLUB DR**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **D** ☐ DELETE
NAME **CECIL, ST. MARTIN**
STREET ADDRESS **2921 NW 29 TERR.**
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)