

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

04-02-2002 90882 031 ****61.25

DOCUMENT # 767981

1. Entity 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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0144812**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **MULLOY, WALTER T.**
 STREET ADDRESS **2921 NW 29TH TERRACE**
 CITY-ST-ZIP **OAKLAND PARK FL 33311**

TITLE **VD** ☐ Delete
 NAME **SCARLETT, LOURD - LAURA**
 STREET ADDRESS **4756 CONCORDIA LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **SD** ☐ Delete
 NAME **HOUSE, JACQUELINE M**
 STREET ADDRESS **1435 MONROE STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33021** **4320 Cleveland St**

TITLE **TD** ☐ Delete
 NAME **O'GRADY, PATRICIA**
 STREET ADDRESS **6413 3 BAY CLUB DR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308** **BAY CLUB DR**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **JESHA IVEY**
 STREET ADDRESS **2921 NW 29TH TERR**
 CITY-ST-ZIP **OAKLAND PARK FL 33311**

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3123102

Date

Daytime Phone #

CR2E037 (9/01)