

# 2006 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90001 015 \*\*\*\*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  
US**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MULLOY, WALTER T.	
STREET ADDRESS	2921 NW 29TH TERRACE	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCARLETT, LAURA	
STREET ADDRESS	4756 CONCORDIA LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOUSE, JACQUELINE M	
STREET ADDRESS	4320 CLEVELAND ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'GRADY, PATRICIA	
STREET ADDRESS	6413 3 BAY CLUB DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	JESHUA, MEY	
STREET ADDRESS	2921 NW 29 TERR	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

*Walter T. Mulloy* 107 mulloy 7-10-06 954-781-777

ATTACHMENT

50023186  
# 767981

7.21.06

Apparently we did not  
receive the current form  
to renew, in the mail.

Please accept this copy as  
our renewal form, and check.

We apologize for this delay.

Sincerely  
SUT Mulloy  
pm