

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 836957 (1)

1. Corporation Name  
**AQUARIAN FOUNDATION**



Principal Place of Business: 315 15TH AVE. EAST SEATTLE WA 98112  
Mailing Address: 315 15TH AVE. EAST SEATTLE WA 98112

3. Date Incorporated or Qualified: 09/02/1976  
3a. Date of Last Report: 03/29/1995  
4. FEI Number: 91-6050343  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RHINEHART, KEITH M	
STREET ADDRESS	315-15TH AVE., EAST	
CITY-ST-ZIP	SEATTLE WA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARGAU, JOAN	
STREET ADDRESS	SAN SIMEON #234, 11139 LAKE HIGHLANDS DR	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, STEPHEN KC	
STREET ADDRESS	47522 KAAOHUA WAY	
CITY-ST-ZIP	KANEOHE HI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAPORUSSO, P. JOHN	
STREET ADDRESS	4902 WIND RIVER RD.	
CITY-ST-ZIP	AUSTIN TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WITHERS, ALAN R.	
STREET ADDRESS	416-35TH AVENUE	
CITY-ST-ZIP	SEATTLE WA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEE, A.	
STREET ADDRESS	C/O 315-15TH AVE EAST	
CITY-ST-ZIP	SEATTLE WA	

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	Kortemeyer, B.
2.3 STREET ADDRESS	San Simeon, #231, 11135 Lake
2.4 CITY-ST-ZIP	Highlands Drive, Dallas, TX. 75218
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 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:

*A. Withers* (A. WITHERS)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96  
Date

206-324-6046  
Daytime Phone #

CR2E037 (12/95)