

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 836957
 1. Entity Name
AQUARIAN FOUNDATION



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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
91-6050343 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	
TITLE NAME	PD WERNER, J <input type="checkbox"/> Delete
STREET ADDRESS	416 35TH AVE
CITY-ST-ZIP	SEATTLE WA 98122
TITLE NAME	SD MASTERS, A. <input type="checkbox"/> Delete
STREET ADDRESS	315 15TH AVE. EAST
CITY-ST-ZIP	SEATTLE WA 38112
TITLE NAME	D LITMAN, N <input type="checkbox"/> Delete
STREET ADDRESS	315 15TH AVENUE EAST
CITY-ST-ZIP	SEATTLE WA 98112
TITLE NAME	D TURNER, DR. N. <input type="checkbox"/> Delete
STREET ADDRESS	416 35TH AVE.
CITY-ST-ZIP	SEATTLE WA 98112
TITLE NAME	T WITHERS, ALAN R. <input type="checkbox"/> Delete
STREET ADDRESS	416-35TH AVENUE
CITY-ST-ZIP	SEATTLE WA
TITLE NAME	VP BICKERSTAFF, T <input type="checkbox"/> Delete
STREET ADDRESS	315 15TH AVE. E
CITY-ST-ZIP	SEATTLE WA 98112

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

000000439867
 03/02/06-80019-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.