

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836957

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: AQUARIAN FOUNDATION

**Current Principal Place of Business:**

315 15TH AVE. EAST  
SEATTLE, WA 98112

**New Principal Place of Business:**

**Current Mailing Address:**

315 15TH AVE. EAST  
SEATTLE, WA 98112

**New Mailing Address:**

FEI Number: 91-6050343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WERNER, J  
Address: 416 35TH AVE  
City-St-Zip: SEATTLE, WA 98122

Title: SD ( ) Delete  
Name: MASTERS, A.  
Address: 315 15TH AVE. EAST  
City-St-Zip: SEATTLE, WA 38112

Title: D ( ) Delete  
Name: LITMAN, N  
Address: 315 15TH AVENUE EAST  
City-St-Zip: SEATTLE, WA 98112

Title: D ( ) Delete  
Name: TURNER, DR. N.  
Address: 416 35TH AVE.  
City-St-Zip: SEATTLE, WA 98112

Title: T ( ) Delete  
Name: WITHERS, ALAN R.,  
Address: 416-35TH AVENUE  
City-St-Zip: SEATTLE, WA

Title: VP ( ) Delete  
Name: BICKERSTAFF, T  
Address: 315 15TH AVE. E  
City-St-Zip: SEATTLE, WA 98112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CAMPBELL, N,  
Address: 416-35TH AVENUE  
City-St-Zip: SEATTLE, WA 98122

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN MASTERS

SEC

01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date