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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25639** (8)

1. Corporation Name

THE AQUARIAN METAPHYSICAL CENTER INC.



Principal Place of Business Mailing Address

2031 WAIKIKI WAY
TAMPA FL 33619

2031 WAIKIKI WAY
TAMPA FL 33619

3. Date Incorporated or Qualified

03/28/1988

4. FEI Number

59-2948173

Applied For

Not Applicable

2. Principal Place of Business

21 **12800 County Road 49**

Suite, Apt. #, etc.

2a. Mailing Address

26 **12800 County Road 49**

Suite, Apt. #, etc.

22

City & State

23 **LIVE OAK**

Zip

24 **FL**

Country

25 **32060**

City & State

28 **LIVE OAK**

Zip

29 **FL**

Country

30 **32060**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, ORDESTA H. REV.
2031 WAIKIKI WAY
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name **ORDESTA H. WILSON REV.**
82 Street Address (P.O. Box Number is Not Acceptable)
12800 County Road 49
83
84 City **LIVE OAK** FL 85 Zip Code **32060**

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

Lyndall W. Lee

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

Lyndall W. Lee

(NOTE: Registered Agent signature required when reinstating)

1-4-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **WILSON, ORDESTA H.**
STREET ADDRESS **2031 WAIKIKI WAY**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE
NAME **LYNDALL W. LEE**
STREET ADDRESS **2031 WAIKIKI WAY**
CITY-ST-ZIP **TAMPA FL**

TITLE **STD** ☐ DELETE
NAME **CHARLES E. THROWER**
STREET ADDRESS **101 MAHOGANY DR**
CITY-ST-ZIP **SEFFNER FL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **ORDESTA H. WILSON REV.**
1.3 STREET ADDRESS **12800 County Road 49**
1.4 CITY-ST-ZIP **LIVE OAK FL 32060**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Lyndall W. Lee REV.**
2.3 STREET ADDRESS **12800 County Rd. 49**
2.4 CITY-ST-ZIP **LIVE OAK FL 32060**

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **CHARLES E. THROWER**
3.3 STREET ADDRESS **515 MAHOGANY DR**
3.4 CITY-ST-ZIP **SEFFNER FL 33584**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: **LYNDALL W. LEE** **Lyndall W. Lee**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)