

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90465 042 ****61.25

DOCUMENT # N25639

1. Entity Name

THE AQUARIAN METAPHYSICAL CENTER INC.



Principal Place of Business

**12800 COUNTY RD 49
LIVE OAK FL 32060
US**

Mailing Address

**12800 COUNTY RD 49
LIVE OAK FL 32060
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 **59-2948173**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, ORDESTA H REV
12800 COUNTY ROAD 49
LIVE OAK FL 32060**

7. Name and Address of New Registered Agent

Name **Rev. Lyndall W. Kennedy**
Street Address (P.O. Box Number is Not Acceptable)
**12800 County Rd. 49
LIVE OAK FL 32060**
City **LIVE OAK** FL Zip Code **32060**

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 *Rev. Lyndall W. Kennedy*
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

TITLE **PD** ☒ Delete
NAME **WILSON, ORDESTA H.**
STREET ADDRESS **12800 COUNTY ROAD 49**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **VD** ☐ Delete
NAME **KENNEDY, LYNDALL W**
STREET ADDRESS **12800 COUNTY RD 49**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **STD** ☐ Delete
NAME **CHARLES E. THROWER**
STREET ADDRESS **515 MAHAGONY DR**
CITY-ST-ZIP **SEFFINER FL FL 33584**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Lyndall Kennedy**
STREET ADDRESS **12800 County Rd 49**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **VD** ☐ Change ☒ Addition
NAME **Karin Thrower**
STREET ADDRESS **15897 141ST RD**
CITY-ST-ZIP **MCALPIN FL 32062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Rev. Lyndall W. Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)