

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90097 050 ****61.25

DOCUMENT # N50614

1. Entity Name

AEQUANIMITAS FOUNDATION, INC.

Principal Place of Business

Mailing Address

3129 N. CAMBRIDGE RD
 STE 21
 LANSING MI 48911

P.O. BOX 27572
 LANSING MI 26507-0688
 US

2. Principal Place of Business

116 WILSON AVENUE

3. Mailing Address

P O BOX 888

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MORGANTOWN WV

City & State
 MORGANTOWN, WV

4. FEI Number
91-1575108

Applied For
 Not Applicable

Zip
 26501

Country
 USA

Zip
 26507-3835

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. PAUL, ALEXANDRA
 1111 3RD AVE WEST
 SUITE 350
 BRADENTON, FL 34205

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **GLEASON, KEVIN**
 STREET ADDRESS **1380 WEST PACES FERRY #170**
 CITY-ST-ZIP **ATLANTA GA 30327**

TITLE **D** Change Addition
 NAME **GLEASON, KEVIN**
 STREET ADDRESS **1380 WEST PACES FERRY #170**
 CITY-ST-ZIP **ATLANTA GA 30327**

TITLE **CD** Delete
 NAME **SEDGEMAN, JUDITH A.**
 STREET ADDRESS **212 MORRIS ST**
 CITY-ST-ZIP **LA CONNER WA**

TITLE **PD** Change Addition
 NAME **SEDGEMAN, JUDITH A**
 STREET ADDRESS **325 ASH ST**
 CITY-ST-ZIP **MORGANTOWN WV 26501**

TITLE **VD** Delete
 NAME **GUNN, BOB**
 STREET ADDRESS **610 PROVINCE LINE RD**
 CITY-ST-ZIP **HOPEWELL NJ**

TITLE **D** Change Addition
 NAME **WILLIAMSON, EUGENIA L.**
 STREET ADDRESS **6306 S MACDILL AVE #824**
 CITY-ST-ZIP **TAMPA FL 33611-5049**

TITLE **TD** Delete
 NAME **KEYS, LYNN**
 STREET ADDRESS **37746 SE RICKERT**
 CITY-ST-ZIP **CORBETT OR**

TITLE **TD** Change Addition
 NAME **KEYS, LYNN**
 STREET ADDRESS **9901 E. FOOTHILLS DR**
 CITY-ST-ZIP **SCOTTSDALE AZ 85255**

TITLE **D** Delete
 NAME **WOOD, JOHN**
 STREET ADDRESS **LOT 49 RILEY ROAD**
 CITY-ST-ZIP **PARKERSVILLE WA 6081**

TITLE **CD** Change Addition
 NAME **AKALE, CHRISTIAN**
 STREET ADDRESS **503 BRYANT AVE N**
 CITY-ST-ZIP **MINNEAPOLIS, MN 55405**

TITLE **PD** Delete
 NAME **FEDEWA, MARILYN H**
 STREET ADDRESS **3129 N. CAMBRIDGE RD**
 CITY-ST-ZIP **LANSING MI 48911**

TITLE **D** Change Addition
 NAME **D'ALESSANDRI, ROBERT, M.D.**
 STREET ADDRESS **P O BOX 9000**
 CITY-ST-ZIP **MORGANTOWN, WV 26506**

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 *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)