

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50614

FILED
Jan 03, 2008
Secretary of State

Entity Name: AEQUANIMITAS FOUNDATION, INC.

Current Principal Place of Business:

7900 SUNNYSIDE RD
SAINT PAUL, MN 55112 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16297
SAINT PAUL, MN 55116 US

New Mailing Address:

FEI Number: 91-1575108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. PAUL, ALEXANDRA
1111 3RD AVE WEST
SUITE 300
BRADENTON, FL 34205 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: D () Delete
Name: BIBBY, ALAN
Address: 201 NORTH VIEW PLACE
City-St-Zip: SALT SPRING ISLAND, BC V8K 1A

Title: PCD () Delete
Name: HEATH, CHRISTINE
Address: 5314 MICHAEL LANE
City-St-Zip: MINNETONKA, MN 55343

Title: STD () Delete
Name: KROT, SANDRA
Address: 212 MORRIS ST
City-St-Zip: LA CONNER, WA 98257

Title: VD () Delete
Name: KENNEDY, SHANE
Address: 10145 81 AVE
City-St-Zip: EDMONTON AB, CN T6H 3T3

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:

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: JULIANNE LOVE FOR CHRISTINE HEATH

OM.

01/03/2008

Electronic Signature of Signing Officer or Director

Date