FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT C'STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	N9600003737		

Aquarian Ark Temple of Transformertion,

FILED
Jun 17 1997 8:00am
Secretary of State

ZNC.				
Principal Place of Business	Mailing Address			
Miami, Florida	enue			
miami Flande	92197			
Main, Floria	391~1		3. Date Incorporated or Qualified 38	Date of Last Report
			7-15-96	
2. Principal Place of Business	2a. Mailing Address 🔏	me	4. FEI Number	Applied For
21 Same	26		# 650681667	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State	:Sa	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for intant	
24 25	29	0	Florida Statutes Yes	·
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registe	red Agent
James Bea	1.6	81 Name	•	
	12	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1833 NW 45/	? 6/	83		
MIAMI 7	10 33142	63		
The state of the s		84 City	*	FL 85 Zin Code
11. Pursuant to the provisions of Sections 617.	0502 and 617.1508, Florida Statutes	the above-named corp	poration submits this statement for the purpo	se of changing its registered
office or registered agent, or both, in the St agent. I am familiar with, and accept the of	ate of Florida. Such change was au bligations of, Section 117.0503, Flori	lhorized by the corporat da Statutes.	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE				
Signature, typod or printed name of register of OFFICERS	AND DIRECTORS (NOTE:	Registered Agent signature requi	red when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
	(rector DELETE	1.1 TITLE		Change Addition
NAME 1	1- Mar Donofur	1.2 NAME		1
STREET ADDRESS ARCS DE	alo	1.3 STREET ADDRESS		. \(\)
CITY-ST-ZIP 1833 NW 454	ST MIMMI 32192	1.4 CHY-ST-ZIP		
THEAD Shock, 11955	Diffector DELETE	2.1 TITLE		☐ Change ☐ Addition C
Think the sabath con	9950 ophocka 96	2.2 NAME		
STREET ADDRESS 252/ /////	15/ 33054	23 STREET ADDRESS		
TITLE T	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME MAC- 9-/ma-1	WHALF	3.2 NAME		Groups radiction
STREET ADDRESS	B-1/	3.3 STREET ADDRESS		
CITY-ST-ZIP Laudes hill	7 La 33813	3.4. CITY-ST-2IP	·	
THE T MUS 7 - (ma	EXANS DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME 1	Trustee Trustee	4. 2 NAME		
STREET ADDRESS 77, 70	1012 77718	4.3 STREET ADDRESS		
	-76a 33313	4.4 CITY-ST-ZIP		Ottore District
TITLE	L DELFIE	5.1 TITLE	of Brigging Speed Spring Spring Trans of Street	Change Addition }
NAME SERVER ADDRESS		5.2 NAME 5.3 STREET ADDRESS	100002215 -06/18/9701067-	
STREET ADDRESS CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25	uat [
TITLE	☐ DELETE	6.1 TITLE	mmaga e E.G	Change Addition
NAME		6.2 NAME		es
STREET ADDRESS		6 3 STREET ADDRESS		6/17/97
CITY-ST-ZIP		6.4 CITY - ST - ZIP		6/1//9/
14. I do hereby certify that the information supp	lied with this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statutes, I fu	rther certify that the

I have an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. Turther 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.