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FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003737

1. Corporation Name
Aquarian Ark Temple of Transformation, Inc.

Principal Place of Business	Mailing Address
1833 N.W. 45 Street Miami, Florida 33142	Same

3. Date Incorporated or Qualified

4. FEI Number 65-0681667 ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21 1833 N.W. 45 Street	26 1833 N.W. 45 Street
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fla.	City & State 28 Miami, Fla.
Zip / Country 24 33142 / 25	Zip / Country 29 33142 / 30

9. Name and Address of Current Registered Agent

Bishop James Beals (D)
2400 West Broward Blvd., Lot 808
Ft. Lauderdale, Fla.
33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Bishop	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	James Beals (D)		1.2 NAME		
STREET ADDRESS	2400 W. Broward Blvd., 808		1.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Lauderdale, Fla. 33313		1.4 CITY-ST-ZIP		
TITLE	Evangelist	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Elizabeth Gause (D)		2.2 NAME		
STREET ADDRESS	2521 N.W. 131 Street		2.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, Fla. 33167		2.4 CITY-ST-ZIP		
TITLE	Church Clerk	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Ronetta Taylor (D)		3.2 NAME		
STREET ADDRESS	5667 N.W. 195 Terrace		3.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, Fla. 33055		3.4 CITY-ST-ZIP		
TITLE	Secretary (T)	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Connie Wells		4.2 NAME		
STREET ADDRESS	5622 N.W. 56 Avenue		4.3 STREET ADDRESS		
CITY-ST-ZIP	Lauderhill, Fla. 33312		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Thomas Beals (T)		5.2 NAME		
STREET ADDRESS	2400 W. Broward Blvd.,808		5.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Lauderdale, Fla. 33313		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: Bishop James Beals
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #