

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 04, 1999 8:00 am  
Secretary of State

06-04-1999 90008 004 \*\*\*\*61.25

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1. Corporation Name

AQUARIAN ARK TEMPLE OF TRANSFORMATION, INC.

Principal Place of Business

8620 N.W. 17 Avenue  
Miami, Fla. 33147

Mailing Address

8620 N.W. 17 Avenue  
Miami, Fla. 33147

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07-15-1996

4. FEI Number

65-068-1667

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

9. Name and Address of Current Registered Agent

BEALS, BISHOP JAMES  
2521 N.W. 131 STREET  
N. Miami, Fla. 33167

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE BD ☐ DELETE  
NAME BEALS, JAMES  
STREET ADDRESS 2521 N.W. 131 STREET  
CITY-ST-ZIP N. MIAMI, FLA. 33167

TITLE ED ☐ DELETE  
NAME GAUSE, ELIZABETH  
STREET ADDRESS 2521 N.W. 131 STREET  
CITY-ST-ZIP N. MIAMI, FLA. 33167

TITLE CCD ☐ DELETE  
NAME TAYLOR, RONETTA  
STREET ADDRESS 5667 N.W. 195 TERRACE  
CITY-ST-ZIP MIAMI, FLA. 33055

TITLE SD ☐ DELETE  
NAME WELLS, CONNIE  
STREET ADDRESS 5622 N.W. 56 AVENUE  
CITY-ST-ZIP LAUDERHILL, FLA. 33312

TITLE T ☐ DELETE  
NAME MERRITT, JOSEPH  
STREET ADDRESS 1833 N.W. 45 STREET  
CITY-ST-ZIP MIAMI, FLA. 33142

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)