## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50614

Entity Name: AEQUANIMITAS FOUNDATION, INC.

**FILED** Jan 14, 2018 **Secretary of State** CC0401673149

## **Current Principal Place of Business:**

7900 SUNNYSIDE RD SAINT PAUL, MN 55112

## **Current Mailing Address:**

P.O. BOX 16297

SAINT PAUL. MN 55116 US

FEI Number: 91-1575108 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BEKHOR, CALLY 18540 N. DALE MABRY HWY. LUTZ, FL 33548 US

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:

Date Electronic Signature of Registered Agent

City-State-Zip:

Officer/Director Detail:

Title Title

CHIPMAN, A G Name SICKORA-TROCKMAN, SUSAN Name

Address 110 CASTILLOU WAY Address 1504 TIMOTHY DRIVE

SALT SPRING ISLAND BC V8K 1-A8 City-State-Zip:

Title D

MILLER, LESLIE Name

Address 222 NW 42ND STREET City-State-Zip: SEATTLE WA 98107

I hereby 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 all other like empowered.

SIGNATURE: A G CHIPMAN

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

LATROBE PA 15650

01/14/2018 Date