


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 741787
 1. Entity Name
ARIEL, CHURCH OF ONTOLOGY, INC.



Principal Place of Business 5226 ATLANTIC BLVD JACKSONVILLE, FL 32307	Mailing Address 5226 ATLANTIC BLVD JACKSONVILLE, FL 32307
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1885980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FANTON, SHAROLYN
 5226 ATLANTIC BLVD # 286
 JACKSONVILLE, FL 32207-2406

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EC KERSTETTER, DOROTHEA 5226 ATLANTIC BLVD # 286 JACKSONVILLE, FL 322072406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD FANTON, SHAROLYN I 5226 ATLANTIC BLVD # 286 JACKSONVILLE, FL 322072406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DRABEK, JEANNIE M 2021 ROTHBURY DR JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POBT SHANKS, CAROLYN G 5201 ATLANTIC BLVD # 286 JACKSONVILLE, FL 322072482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000121538
 04/20/04-80057-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeannie M Drabek* **JEANNIE M DRABEK** 4-17-04 6198909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #