

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741787

FILED
Jan 30, 2006
Secretary of State

Entity Name: ARIEL, CHURCH OF ONTOLOGY, INC.

Current Principal Place of Business:

5201 ATLANTIC BLVD
UNIT 286
JACKSONVILLE, FL 32307

New Principal Place of Business:

Current Mailing Address:

5201 ATLANTIC BLVD
UNIT 286
JACKSONVILLE, FL 32307

New Mailing Address:

FEI Number: 59-1885980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANTON, SHAROLYN
5201 ATLANTIC BLVD # 286
JACKSONVILLE, FL 322072406 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EC () Delete
Name: KERSTETTER, DOROTHEA
Address: 5201 ATLANTIC BLVD. # 286
City-St-Zip: JACKSONVILLE, FL 322072406

Title: AD () Delete
Name: FANTON, SHAROLYN I
Address: 5201 ATLANTIC BLVD # 286
City-St-Zip: JACKSONVILLE, FL 322072406

Title: TR () Delete
Name: DRABEK, JEANNIE M
Address: 2021 ROTHBURY DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: POBT () Delete
Name: SHANKS, CAROLYN G
Address: 5201 ATLANTIC BLVD # 286
City-St-Zip: JACKSONVILLE, FL 322072482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEANNIE M DRABEK

TR

01/30/2006

Electronic Signature of Signing Officer or Director

Date