

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005028

1. Entity Name

THE ARAMAIC BIBLE SOCIETY, INC.

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90012 032 ****61.25

Principal Place of Business

Mailing Address

1832 CIRCLE DRIVE
CALLAHAN FL 32011

1832 CIRCLE DRIVE
CALLAHAN FL 32011-5050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

79 Nowlan Road

Suite, Apt. #, etc.

P.O. Box 1653

City & State

Binghamton, New York

City & State

Callahan, Florida

Zip

13901

Country

Broome

Zip

32011

Country

nassau

4. FEI Number

23-7407784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, REV. JAY W TH.G
1832 CIRCLE DRIVE
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name

Rev. Jay W. Leonard Th.G

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

5130 Brittany Dr. S. #101

City

St. Petersburg ,

FL

Zip Code
33715

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.

SIGNATURE Rev. Jay W. Leonard Th.G.

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

04-28-00

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE CP
NAME LEONARD, REV. JAY W TH.G
STREET ADDRESS 1832 CIRCLE DRIVE
CITY-ST-ZIP CALLAHAN FL 32011 ☐ Delete

TITLE VST
NAME LEONARD, JOAN F
STREET ADDRESS 1832 CIRCLE DRIVE
CITY-ST-ZIP CALLAHAN FL 32011 ☐ Delete

TITLE D
NAME SCOTT, VADA M
STREET ADDRESS 5130 BRITTANY DR S #106
CITY-ST-ZIP ST PETE FL 33715 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CP
NAME Leonard, Jay W.
STREET ADDRESS 5130 Brittany Dr.S. #101
CITY-ST-ZIP St. Petersburg, Fl. 33715 ☒ Change ☐ Addition

TITLE VST
NAME Leonard, Joan F.
STREET ADDRESS 5130 Brittany Dr.S. #101
CITY-ST-ZIP St. Petersburg, Fl. 33715 ☒ Change ☐ Addition

TITLE D
NAME Scott, Vada M.
STREET ADDRESS 5130 Brittany Dr.S. #106
CITY-ST-ZIP St. Petersburg, Fl. 33715 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)