

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90679 025 ****61.25

DOCUMENT # F99000005028

1. Entity Name

THE ARAMAIC BIBLE SOCIETY, INC.



Principal Place of Business

5807 N.W. 47TH COURT
JENNINGS FL 32053

Mailing Address

5807 N.W. 47TH COURT
JENNINGS FL 32053

2. Principal Place of Business

10514 N.W. 36 Drive

Suite, Apt. #, etc.

3. Mailing Address

10514 N.W. 36 Drive

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Jasper, Florida

City & State

Jasper, Florida

4. FEI Number

23-7407784

Applied For

Not Applicable

Zip

32052-5852

Country

Hamilton

Zip

32052-5852

Country

Hamilton

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEONARD, REV. JAY W TH.G
5807 NW 47TH COURT
JENNINGS FL 32053

7. Name and Address of New Registered Agent

Name **Rev. Jay W. Leonard, Th.G.**

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

10514 N.W. 36 Drive

City

Jasper,

FL

Zip Code

32052

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

Jay W. Leonard, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	LEONARD, REV. JAY W TH.G	
STREET ADDRESS	5807 NW 47TH COURT	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	VST	<input type="checkbox"/> Delete
NAME	LEONARD, JOAN F	
STREET ADDRESS	5807 NW 47TH COURT	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAZENBAKER, JOANNE L	
STREET ADDRESS	4684 PANAY DR	
CITY-ST-ZIP	AKRON OH 44319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonard, Jay W.Rev.	
STREET ADDRESS	10514 N.W. 36 Drive	
CITY-ST-ZIP	Jasper, Fl. 32052	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonard, Joan F.	
STREET ADDRESS	10514 N.W. 36 Drive	
CITY-ST-ZIP	Jasper, Fl. 32052	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Jay W. Leonard, Pres.

(386)792-2603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #