


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2005 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # F99000005028 | |  |
| 1. Entity Name THE ARAMAIC BIBLE SOCIETY, INC. | | |

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| Principal Place of Business 10514 NW 36 DR. JASPER FL 32052-5852 | Mailing Address 10514 NW 36 DR. JASPER FL 32052-5852 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/04)

| | | |
|---|--|--------------------------------|
| 4. FEI Number 23-7407784 | | 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 LEONARD, REV. JAY W TH.G 10514 NW 36 DR. JASPER FL 32052 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

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 | 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, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | Make Check Payable to Florida Department of State | |

| | | | | | | | |
|----------------------------|--------------------------|---------------------------------|--|---|--|---|--|
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE | CP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEONARD, REV. JAY W TH.G | | | NAME | | | |
| STREET ADDRESS | 10514 NW 36 DR. | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | JASPER FL 32052 | | | CITY- ST- ZIP | | | |
| TITLE | VST | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEONARD, JOAN F | | | NAME | | | |
| STREET ADDRESS | 10514 NW 36 DR. | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | JASPER FL 32052 | | | CITY- ST- ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FAZENBAKER, JOANNE L | | | NAME | | | |
| STREET ADDRESS | 4684 PANAY DR | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | AKRON OH 44319 | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

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|--|-------------------------------------|---------|-----------------|
| SIGNATURE | <i>(Rev. Jay W. Leonard, Pres.)</i> | 4-28-05 | (386) 792-2603 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |