

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91802 037 \*\*\*\*\*61.25

**DOCUMENT # F99000005028**

1. Entity Name

**THE ARAMAIC BIBLE SOCIETY, INC.**



Principal Place of Business

**1177 MARY STREET  
JENNINGS FL 32053**

Mailing Address

**PO BOX 2763  
JENNINGS FL 32053**

2. Principal Place of Business

**5807 N.W. 47th Court**

3. Mailing Address

**5807 N.W. 47th Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jennings, Florida**

City & State

**Jennings, Florida**

Zip

**32053**

Country

**Hamilton**

Zip

**32053**

Country

**Hamilton**

4. FEI Number **23-7407784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEONARD, REV. JAY W TH.G  
1177 MARY STREET  
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)  
**5807 N.W. 47th Court**

City **Jennings**

**FL 32053**

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

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

NOTE: Registered Agent signature required when reinstating

DATE

**04-28-03**

**FILE NOW: FEE IS \$61.25**

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** ☐ Delete  
NAME **LEONARD, REV. JAY W TH.G**  
STREET ADDRESS **1177 MARY ST**  
CITY-ST-ZIP **JENNINGS FL 32053**

TITLE **VST** ☐ Delete  
NAME **LEONARD, JOAN F**  
STREET ADDRESS **1177 MARY ST**  
CITY-ST-ZIP **JENNINGS FL 32053**

TITLE **D** ☐ Delete  
NAME **FAZENBAKER, JOANNE L**  
STREET ADDRESS **4684 PANAY DR**  
CITY-ST-ZIP **AKRON OH 44319**

TITLE **D** ☒ Delete  
NAME **SCOTT, VADA M**  
STREET ADDRESS **5130 BRITTANY DRIVE S #106**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CP** ☒ Change ☐ Addition  
NAME **Leonard, Rev. Jay W. Th.G.**  
STREET ADDRESS **5807 N.W. 47th Court**  
CITY-ST-ZIP **Jennings, FL. 32053**

TITLE **VST** ☒ Change ☐ Addition  
NAME **Leonard, Joan F.**  
STREET ADDRESS **5807 N.W. 47th Court**  
CITY-ST-ZIP **Jennings, FL. 32053**

TITLE **D** ☐ Change ☐ Addition  
NAME **Fazenbaker, Joanne L.**  
STREET ADDRESS **4684 Panay Dr.**  
CITY-ST-ZIP **Akron, Oh. 44319**

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

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

TITLE ☐ Change ☐ 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 **REV. JAY W. LEONARD, Th.G.**

**04-28-03 (386) 938-4508**

CR2E037 (10/02)