

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20034** (7)
1. Corporation Name
FRIENDS OF ARIEL, INCORPORATED

FILED

96 SEP -9 AM 9:23



Principal Place of Business Mailing Address
%BRENT A. WOOLBRIGHT
PO BOX 767
ST. AUGUSTINE FL 32085

3. Date Incorporated or Qualified **04/07/1987** 3a. Date of Last Report **04/12/1995**

2. Principal Place of Business 21 BRENT A. WOOLBRIGHT Suite, Apt. #, etc. 22 5140 SHORE DRIVE City & State 23 ST. AUGUSTINE, FL Zip 24 32086	2a. Mailing Address 26 BRENT A. WOOLBRIGHT Suite, Apt. #, etc. 27 5140 SHORE DRIVE City & State 28 ST. AUGUSTINE, FL Zip 29 32086	4. FEI Number 59-2793855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOLBRIGHT, BRENT A.
89 CEDAR STREET
ST. AUGUSTINE FL 32084

81 Name **WOOLBRIGHT, BRENT A.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **5140 SHORE DRIVE**
84 City **ST. AUGUSTINE** FL 85 Zip Code **32086**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLISS, JEFF	
STREET ADDRESS	417 BAY SIDE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERCADO, DOUGLAS	
STREET ADDRESS	14821 SW 150TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOOLBRIGHT, CINDY	
STREET ADDRESS	P.O. BOX 767 N/A	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITTAKER, EILEEN	
STREET ADDRESS	4800 HWY A1A, VDL 10-8	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENSEN, SUSAN	
STREET ADDRESS	7110 PONCE DE LEON AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRUMMOND, ROBIN	
STREET ADDRESS	2757 TREASURE COVE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WOOLBRIGHT, CINDY
3.3 STREET ADDRESS	5140 SHORE DRIVE
3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL, 32086
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brent Alan Woolbright
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
BRENT ALAN WOOLBRIGHT

9/5/96 (904) 824-8623
Date Daytime Phone #