


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 SEP 14 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20034 1. Entity Name FRIENDS OF ARIEL, INCORPORATED	
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Principal Place of Business %BRENT A. WOOLBRIGHT 5140 SHORE DRIVE ST. AUGUSTINE, FL 32086	Mailing Address %BRENT A. WOOLBRIGHT 5140 SHORE DRIVE ST. AUGUSTINE, FL 32086
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09132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2793855	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WOOLBRIGHT, BRENT A. 5140 SHORE DRIVE ST. AUGUSTINE, FL 32086
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**DO NOT WRITE
IN THIS SPACE**

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 Brent Woolbright DATE 9/17/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

200109656532
09/19/07--01041--001 **61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLISS, JEFF 417 BAY SIDE NOKOMIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCADO, DOUGLAS 14821 SW 150TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOOLBRIGHT, CINDY 5140 SHORE DRIVE ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITTAKER, EILEEN 4600 HWY AIA, VDL 10-8 ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Brent Woolbright DATE 9/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #