

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20034

FILED
Jul 07, 2009
Secretary of State

Entity Name: FRIENDS OF ARIEL, INCORPORATED

Current Principal Place of Business:

%BRENT A. WOOLBRIGHT
5140 SHORE DRIVE
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

5140 SHORE DRIVE
ST. AUGUSTINE, FL 32086 US

Current Mailing Address:

%BRENT A. WOOLBRIGHT
5140 SHORE DRIVE
ST. AUGUSTINE, FL 32086

New Mailing Address:

5140 SHORE DRIVE
ST. AUGUSTINE, FL 32086 US

FEI Number: 59-2793855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOOLBRIGHT, BRENT A.
5140 SHORE DRIVE
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLISS, JEFF
Address: 417 BAY SIDE
City-St-Zip: NOKOMIS, FL

Title: D () Delete
Name: MERCADO, DOUGLAS
Address: 14821 SW 150TH STREET
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: WOOLBRIGHT, CINDY
Address: 5140 SHORE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SD () Delete
Name: WHITTAKER, EILEEN
Address: 4600 HWY AIA, VDL 10-8
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLISS, JEFF
Address: 417 BAYSIDE LN
City-St-Zip: NOKOMIS, FL 34275 US

Title: D (X) Change () Addition
Name: MERCADO, DOUGLAS
Address: 14821 SW 150TH STREET
City-St-Zip: MIAMI, FL 33196 US

Title: TD (X) Change () Addition
Name: WOOLBRIGHT, CINDY
Address: 5140 SHORE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: SD (X) Change () Addition
Name: WHITTAKER, EILEEN
Address: 4600 HWY AIA, VDL 10-8
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA K WOOLBRIGHT

D

07/07/2009

Electronic Signature of Signing Officer or Director

_____ Date