

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90400 013 ****70.00

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1. Entity Name

ARIANISM HOME INC.



Principal Place of Business

ARIANISM RESIDENTIAL HOME, INC.
741 NE 177TH STREET
MIAMI FL 33162

Mailing Address

ARIANISM RESIDENTIAL HOME, INC.
741 NE 177TH STREET
MIAMI FL 33162



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0844031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, CYNTHIA A
741 N.E. 177TH STREET
MIAMI FL 33162

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, 2006

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 D ☐ Delete
NAME LEE, CYNTHIA A
STREET ADDRESS 741 N.E. 177TH STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE D ☐ Delete
NAME SHIRLEY, JACKSON
STREET ADDRESS 19055 NW 85 COURT
CITY-ST-ZIP MIAMI FL 33160

TITLE D ☐ Delete
NAME MULLINGS, BEVERLY
STREET ADDRESS 741 NE 177TH STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 exemptions contained in Section 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/06 786599-0786