

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2005  
Secretary of State**

DOCUMENT# N99000007176

Entity Name: ARIEL MINISTRIES INC.

**Current Principal Place of Business:**

PO BOX 730011  
ORMOND BEACH, FL 32173

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 730011  
ORMOND BEACH, FL 32173

**New Mailing Address:**

FEI Number: 59-3612356      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARDS, DENNIS RABBI  
170-1 LIMEWOOD PL  
ORMOND BEACH, FL 32174      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: RICHARDS, DENNIS  
Address: 170-1 LIMEWOOD PL  
City-St-Zip: ORNOND BEACH, FL 32774

Title: VPD      ( ) Delete  
Name: MCCARTHY, STEVEN  
Address: 146 W. STETSON AVE.  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENNIS RICHARDS

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date