

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90079 013 \*\*\*\*61.25

<b>DOCUMENT # N99000007176</b> 1. Entity Name <b>ARIEL MINISTRIES INC.</b>					
Principal Place of Business <b>PO BOX 730011</b> <b>ORMOND BEACH, FL 32173</b>			Mailing Address <b>PO BOX 730011</b> <b>ORMOND BEACH, FL 32173</b>		
2. Principal Place of Business <b>E. GRAVES</b> <b>1525 ORANGE AVE</b>				3. Mailing Address  	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State <b>ORANGE CITY FL</b>				City & State  	
Zip <b>32763</b>		Country <b>FLORIDA</b>		4. FEI Number <b>59-3612356</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>RICHARDS, DENNIS RABBI</b> <b>170-1 LIMWOOD PL</b> <b>ORMOND BEACH, FL 32174</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b> City <b>FL</b> 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  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE <b>1/14/06</b>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	<b>PD</b> <b>RICHARDS, DENNIS</b> <b>170-1 LIMWOOD PL</b> <b>ORMOND BEACH, FL 32174</b>	<input type="checkbox"/> Delete	TITLE	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>VPD</b> <b>MCCARTHY, STEVEN</b> <b>146 W. STETSON AVE.</b> <b>DELAND, FL 32720</b>	<input type="checkbox"/> Delete	TITLE	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DATE <b>1/14/06</b> DAYTIME PHONE # <b>386 3346508</b>					