


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

FILED
Jan 14, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # F01000001444 1. Entity Name THE ARK FOUNDATION, INC. |  |
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| Principal Place of Business P.O. BOX 8847 CORAL SPRINGS, FL 33075 | Mailing Address P.O. BOX 8847 CORAL SPRINGS, FL 33075 |
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0994249 | 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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| 6. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., SUITE 309 TAMPA, FL 33629 | DO NOT WRITE IN THIS SPACE |
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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) _____ DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SERBIN, JAY P.O. BOX 8847 CORAL SPRINGS, FL 33075 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SERBIN, BRUCE P.O. BOX 8847 CORAL SPRINGS, FL 33075 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SERBIN, CAROL P.O. BOX 8847 CORAL SPRINGS, FL 33075 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/14/05-80044-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jay Serbin JAY SERBIN 1/14/05 954-376-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #