2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009402

1. Entity Name
NOAH'S ARK COMMUNITY DEVELOPMENT CORPORATION INC.

Principal Place of Business	Mailing Address
5659 NOKIMIS CIRCLE ORLANDO, FL 32839	5659 NOKIMIS CIRCLE ORLANDO, FL 32839

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03302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
02-0659585

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TATE, ANDRE
5659 NOKIMIS CIRCLE
ORLANDO, FL 32839

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000122407
04/21/04-80027-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TATE, ANDRE
STREET ADDRESS	5659 NOKIMIS CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	D
NAME	THOMPSON, CHRISTINA R REV
STREET ADDRESS	131 PORT STEWART DR.
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	D
NAME	REED, TORRES
STREET ADDRESS	6304 BOYER ST.
CITY-ST-ZIP	ORLANDO, FL 32810
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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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: Andre Tate Andre Tate 4-18-04 407-758-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #