2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N02000009402

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

Current Principal Place of Business:

1125 CHASE DR
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 617278
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 02-0659585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TATE, ANDRE
1125 CHASE DR
WINTER GARDEN, FL 34787 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: ED ( ) Delete
Name: TATE, ANDRE
Address: 1125 CHASE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: S ( ) Delete
Name: THOMPSON, CHRISTINA R REV
Address: POB 244
City-St-Zip: MOUNT DORA, FL 32756

Title: BOC ( ) Delete
Name: REED, TORRES
Address: 2285 LAUREL BLOSSOM CIR
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete
Name: KING, MICHELLE
Address: POB 32868
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: RAMPERSAD, CHRISTINA R REV
Address: POB 244
City-St-Zip: MOUNT DORA, FL 32756

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 exemption stated 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 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: ANDRE. TATE DIR. 03/04/2009

Electronic Signature of Signing Officer or Director — Date