

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # N32041					
1. Entity Name ARK OF SAFETY HOLINESS CHURCH, INC.					
Principal Place of Business C/O GERTRUDE BOWMAN 1605 EAST 22ND STREET JACKSONVILLE FL 32206			Mailing Address C/O GERTRUDE BOWMAN 1605 EAST 22ND STREET JACKSONVILLE FL 32206		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3006558	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOWMAN, GERTRUDE 1605 EAST 22ND STREET JACKSONVILLE FL 32206			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 <i>Gertrude Bowman</i>				<i>3-28-06</i>	
<small>Signature typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature is not to be removed)</small>		<small>DATE</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, GERTRUDE		NAME		
STREET ADDRESS	1605 EAST 22ND STREET		STREET ADDRESS	100000485889	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	04/13/06-80013-012 70.00	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, EUGENE		NAME		
STREET ADDRESS	1605 EAST 22ND STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, SHARON FAYE		NAME		
STREET ADDRESS	1605 EAST 22ND STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKINS, SANDRA H.		NAME		
STREET ADDRESS	8958 POLK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, CHARAYNA		NAME		
STREET ADDRESS	1613 EAST 22 STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32206		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 Section 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: *Gertrude Bowman*