

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32041

FILED
Apr 26, 2009
Secretary of State

Entity Name: ARK OF SAFETY HOLINESS CHURCH, INC.

Current Principal Place of Business:

C/O GERTRUDE BOWMAN
1605 EAST 22ND STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

C/O GERTRUDE BOWMAN
1605 EAST 22ND STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3006558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, GERTRUDE
1605 EAST 22ND STREET
JACKSONVILLE, FL 32206 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: PD () Delete
Name: BOWMAN, GERTRUDE
Address: 1605 EAST 22ND STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: VD () Delete
Name: SANDI COLLINS
Address: 1413 EAST 22ND STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD () Delete
Name: BOWMAN, SHARON FAYE
Address: 1605 EAST 22ND STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: TD () Delete
Name: HAWKINS, SANDRA H.
Address: 8958 POLK AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: YOUNG, CHARAYNA
Address: 1613 EAST 22 STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GERTRUDE BOWMAN

PD

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date