

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

**FILED**

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

**DOCUMENT # F01000001444**

1. Entity Name  
**THE ARK FOUNDATION, INC.**



Principal Place of Business  
**P.O. BOX 8847  
CORAL SPRINGS, FL 33075**

Mailing Address  
**P.O. BOX 8847  
CORAL SPRINGS, FL 33075**



01112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0994249**

Applied For  
Not Applicable

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

**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**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**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

U000000181319  
01/14/05-80044-006 61.25

**DO NOT WRITE  
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/05*  
Date

*954-376-1996*  
Daytime Phone #