

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32041

**Entity Name:** ARK OF SAFETY HOLINESS CHURCH, INC.

**FILED**  
**Apr 29, 2023**  
**Secretary of State**  
**0997954257CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-3006558**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOWMAN, GERTRUDE  
1605 EAST 22ND STREET  
JACKSONVILLE, FL 32206 US

*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

**Officer/Director Detail :**

Title PD  
Name BOWMAN, GERTRUDE  
Address 1605 EAST 22ND STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title VD  
Name SANDI COLLINS  
Address 1413 EAST 22ND STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title SD  
Name BOWMAN-COLLINS, SHARON FAYE  
Address 8858 LANCASHIRE DRIVE  
City-State-Zip: JACKSONVILLE FL 32219

Title TD  
Name BOWMAN-BROWN, SANDRA  
Address 1613 EAST 22ND STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title D  
Name YOUNG, CHARAYNA  
Address 1613 EAST 22 STREET  
City-State-Zip: JACKSONVILLE FL 32206

*I hereby 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 all other like empowered.*

**SIGNATURE: SHARON BOWMAN-COLLINS**

**SD**

**04/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date