

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32041

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

PASTOR

04/24/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date