2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N00000003817

Entity Name: NOAH'S ARK, P.B.P., INC.

Current Principal Place of Business:

9660 FERN STREET
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

9660 FERN STREET
NEW PORT RICHEY, FL 34654 US

New Mailing Address:

FEI Number: 59-3673237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOISMIER, LYNNE
9660 FERN STREET
NEW PORT RICHEY, FL 34654 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:	BOISMIER, LYNNE	
Address:	9660 FERN ST	
City-St-Zip:	NEW PORT RICHEY, FL 34654	
Title:	VPD	( ) Delete
Name:	MARKHAM, KATHE	
Address:	9650 FERN STREET	
City-St-Zip:	NEW PORT RICHEY, FL 34654	
Title:	SD	( ) Delete
Name:	ROMANO, CHRISTINE	
Address:	5555 S. E. 122 PLACE	
City-St-Zip:	BELLEVIEW, FL 34430	
Title:	TD	( ) Delete
Name:	PALADINO, ALICIA	
Address:	7330 TERRACE DRIVE	
City-St-Zip:	HUDSON, FL 34667	
Title:	BM	( ) Delete
Name:	SMITH, DR. KEELY	
Address:	12232 LITTLE ROAD	
City-St-Zip:	HUDSON, FL 34667	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	DAVISON, CYNDI	
Address:	7129 OLD PASCO ROAD	
City-St-Zip:	ZEPHYRHILLS, FL 33544	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	BM	(X) Change ( ) Addition
Name:	SMITH, DR. KEELY DVM	
Address:	12232 LITTLE ROAD	
City-St-Zip:	HUDSON, FL 34667	
Title:	BM	( ) Change (X) Addition
Name:	KENNEDY, SHANNON DVM	
Address:	1231 WEST DIXIE AVENUE	
City-St-Zip:	LEESBURG, FL 34748	

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: LYNNE BOISMIER PRES 03/16/2009

Electronic Signature of Signing Officer or Director — Date