2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2011
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 L PRES.
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
Name: BOISMIER, LYNNE
Address: 9660 FERN ST
City-St-Zip: NEW PORT RICHEY, FL 34654 20

Title: VPD
Name: LEE, SUSAN
Address: 174 LAWLESS ROAD
City-St-Zip: SPRING HILL, FL 34610 20

Title: SD
Name: NOBIL, MICHELE
Address: 1705 EL TRINIDAD
City-St-Zip: CLEARWATER, FL 33579 20

Title: TD
Name: GRANT, BRIAN
Address: 11210 PINE FOREST DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654 20

Title: BM
Name: SMITH, DR. KEELY DVM
Address: 12232 LITTLE ROAD
City-St-Zip: HUDSON, FL 34667 20

Title: BM
Name: KENNEDY, SHANNON DVM
Address: 13938 HWY. 441
City-St-Zip: SUMMERFIELD, FL 34491 20

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: LYNNE BOISMIER PRES 03/04/2011

Electronic Signature of Signing Officer or Director Date