

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003817

FILED  
Apr 06, 2012  
Secretary of State

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:**

9660 FERN STREET  
9660 FERN ST  
NEW PORT RICHEY, FL 34654 US

**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

04/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date