

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006645

FILED
Jul 18, 2008
Secretary of State

Entity Name: NOAH'S ARK OF DESTIN, INC.

Current Principal Place of Business:

250 INDIAN BAYOU TRAIL
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

250 INDIAN BAYOU TRAIL
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3675795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NEWMAN, RAYMOND F JR
348 MIRACLE STRIP PARKWAY SW STE 7
FT WALTON BEACH, FL 32548 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOBB, JAMES M
Address: 347 PRIMROSE CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: ROBERTSON, CHARLENE
Address: 708 PLANET DR.
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: HESSE, MICHAEL E
Address: 504 MAIN STREET
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: JACKSON, FLORENCE
Address: 4088 INDIAN BAYOU NORTH
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: WRIGHT, CHERYL
Address: 520 BENNING DR.
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLENE ROBERTSON

DIR

07/18/2008

Electronic Signature of Signing Officer or Director

Date