


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00028** (3)

1. Corporation Name  
**NOAH'S ARK, INC.**

Principal Place of Business <b>337 - 7 AVENUE NORTH TIERRA VERDE FL 33715</b>	Mailing Address <b>337 - 7 AVENUE NORTH TIERRA VERDE FL 33715</b>
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3. Date Incorporated or Qualified  
**11/28/1983**

4. FEI Number <b>59-2376904</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business <b>21 as above</b>	2a. Mailing Address <b>26 as above</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25 Pinellas</b>
	Zip <b>29</b>
	Country <b>30 USA</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHASE, DEBRA  
337-7 AVENUE NORTH  
TIERRA VERDE FL 33715**

81 Name <b>N/A</b>	85 Zip Code <b>FL</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Debra Chase Debra Chase 2-14-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>CHASE, DEBRA</b>	
STREET ADDRESS <b>337-7 AVE. N.</b>	
CITY-ST-ZIP <b>TIERRA VERDE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BROWN, EARL C</b>	
STREET ADDRESS <b>C/O 337 7TH AVENUE NORTH</b>	
CITY-ST-ZIP <b>TIERRA VERDE FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <del>PARKER, ROBERT</del>	
STREET ADDRESS <del>337-7 AVE. NORTH</del>	
CITY-ST-ZIP <del>TIERRA VERDE FL 33715</del>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>D</b>	
3.3 STREET ADDRESS <b>MICHELLE MIZWA</b>	
3.4 CITY-ST-ZIP <b>40337 - 7 AVENUE NORTH</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra Chase **RECEIVED REQUIRED**

2-14-98 (813)347-2398

CP2E037 (10/97)