

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000273

Entity Name: THE ARK PROGRAM, INC.

FILED
Jan 12, 2004
Secretary of State

Current Principal Place of Business:

5535 2ND AVE CIRCLE WEST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

5535 2ND AVE CIRCLE WEST
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 65-1068279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNE, PETER M
5535 2ND AVE CIRCLE WEST
PALMETTO, FL 34221

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: DP () Delete
Name: BROWNE, PETER M
Address: 5535 2ND AVE CIRCLE WEST
City-St-Zip: PALMETTO, FL 34221

Title: DST () Delete
Name: BROWNE, JILL M
Address: 5535 2ND AVE CIRCLE WEST
City-St-Zip: PALMETTO, FL 34221

Title: DVP () Delete
Name: MYERS, BETTY J
Address: 6436 LAFAYETTE ROAD
City-St-Zip: BRADENTON, FL 34207

Title: DVP () Delete
Name: CARROLL, ROBERT
Address: 231 BIMINI DRIVE
City-St-Zip: PALMETTO, FL 34221

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JILL M. BROWNE

DST

01/12/2004

Electronic Signature of Signing Officer or Director

Date