

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91758 047 ****61.25

DOCUMENT # N01000000901

NIC NOT Fil

1. Entity Name

HOPE LEARNING COMMUNITY OF RIVIERA BEACH, INC.

NOAH'S Ark International Charter School

Principal Place of Business

Mailing Address

P.O. BOX 3254
W PALM BEACH FL 33402-3254

P.O. BOX 3254
W PALM BEACH FL 33402-3254

2. Principal Place of Business

3. Mailing Address

P.O. Box 10614

P.O. Box 10614

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Riviera Beach

Riviera Beach

Riviera Beach

City & State

City & State

33419-0614 Palm Beach

33419-0614 Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLIGAN, ALPHONSO S ESQ
STE 1011, 3910 RCA BLVD
PALM BEACH GARDENS FL 33410

Name *Lisa Mack*

Street Address (P.O. Box Number is Not Acceptable)

2042 Cross Breeze Dr

City *Wellington*

FL *33414*

8. 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

Lisa Mack Lisa Mack

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME *D JENKINS, ALLEAN*
STREET ADDRESS *P.O. BOX 1080*
CITY-ST-ZIP *PORT SALERNO FL 34992*

TITLE ☐ Change ☐ Addition
NAME *Director*
STREET ADDRESS *Janine (Anast)-Launay*
CITY-ST-ZIP *12432 Peconie Court Wellington FL 33414*

TITLE ☒ Delete
NAME *D GIBBONS, ELSA*
STREET ADDRESS *174 THORTON DR*
CITY-ST-ZIP *PALM BEACH GARDENS FL 33404*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME *D GITHINJI, CAROLYN*
STREET ADDRESS *P.O. BOX 221012*
CITY-ST-ZIP *W PALM BEACH FL 33422*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *D BECTON, HYACINTHIA*
STREET ADDRESS *500 W 24 ST*
CITY-ST-ZIP *RIVIERA BEACH FL 33404*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *Chair Woman*
STREET ADDRESS *Lisa Mack*
CITY-ST-ZIP *2042 Cross Breeze Dr Wellington FL 33414*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *Lynn Overton*
STREET ADDRESS *1898 Barnstable Rd*
CITY-ST-ZIP *Wellington, FL 33414*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa Mack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 561-795-7915

Day

Daytime Phone #

CR2E037 (9/01)