## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003841

Entity Name: NOAH'S COMMUNITY CENTER, INC.

FILED Mar 16, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

129-33 NE 167TH ST.

NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

129-33 NE 167TH ST. NORTH MIAMI BEACH, FL 33162

FEI Number: 65-1101472 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMSON, DARERLEE S SINCLAIR, DARERLEE 16010 NE 18TH PLACE 16010 NE 18TH PLACE

NORTH MIAMI BEACH, FL 33162 US NORTH MIAMI BEACH, FL 33162 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: DARERLEE SINCLAIR 03/16/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change( ) Addition

Name:WILLIAMSON, DARERLEE SName:SINCLAIR, DARERLEEAddress:16010 NE 18TH PLACEAddress:16010 NE 18TH PLACE

City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete Title: () Change () Addition

Name: DANIEL, HILTON Name: Address: 4837 NE 18TH TERR. Address:

Address: 4837 NE 181H TERR. Address:
City-St-Zip: FT. LAUDERDALE, FL 33308 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CLARK, DONAVAN
 Name:

 Address:
 17280 NE 22ND AVE.
 Address:

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33160
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SINCLAIR, ANDREA
 Name:

 Address:
 7883 N. SILVERADO CIRCLE
 Address:

 City-St-Zip:
 DAVIE, FL 33024
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 WALTERS, PAULINE
 Name:

 Address:
 1760 NE 160TH ST.
 Address:

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 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: DARERLEE SINCLAIR PD 03/16/2004