


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90030 029 \*\*\*\*61.25

<b>DOCUMENT # N01000005874</b> 1. Entity Name THE N.O.A.H. FOUNDATION, INC.					
Principal Place of Business 1714 THE OAKS BLVD. KISSIMMEE, FL 34746			Mailing Address 1714 THE OAKS BLVD. KISSIMMEE, FL 34746		
2. Principal Place of Business <u>3265 HAWKS NEST DR</u>		3. Mailing Address <u>3265 HAWKS NEST DR</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>KISSIMMEE, FL</u>		City & State <u>KISSIMMEE, FL</u>		4. FEI Number 65-1185927	
Zip <u>34741</u>		Country <u>OSCEOLA</u>		Applied For <input type="checkbox"/> Not Applicable	
Zip <u>34741</u>		Country <u>OSCEOLA</u>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MAHONEY, CHARLES M 1714 THE OAKS BLVD. KISSIMMEE, FL 34746				7. Name and Address of New Registered Agent  Name <u>MAHONEY, CHARLES M.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3265 HAWKS NEST DR</u> City <u>KISSIMMEE</u> FL <u>34741</u>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Charles M. Mahoney</u> <u>CHARLES M. MAHONEY</u> <u>1-6-05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHONEY, CHARLES M 1714 THE OAKS BLVD. KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHONEY, CHARLES M. 3265 HAWKS NEST DRIVE KISSIMMEE, FL 34741
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, GLENDA 1714 THE OAKS BLVD. KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, GLENDA 3265 HAWKS NEST DRIVE KISSIMMEE, FL 34741
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANISCALCO, DOUGLAS 1220 DOUGLAS AVE., SUITE 101 LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Charles M. Mahoney</u> <u>CHARLES M. MAHONEY</u> <u>1-6-05</u> <u>407-518-9347</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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