


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006199 1. Entity Name NOAH'S ARK PALLBEARERS CHAPTER NO. 230, INC.	
---	---

Principal Place of Business 3700 STARKS ST ORLANDO FL 32805	Mailing Address 3700 STARKS ST ORLANDO FL 32805
---	---



2. Principal Place of Business	3. Mailing Address	
--------------------------------	--------------------	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.	
---------------------	---------------------	--

City & State	City & State	
--------------	--------------	--

Zip	Country	Zip	Country	
-----	---------	-----	---------	--

1st MOORE CR2E037 (10/05)

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, DORIS H 3700 STARKS ST ORLANDO FL 32805	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D WILLIAMS, H DORIS	<input type="checkbox"/>
NAME	WILLIAMS, H DORIS	
STREET ADDRESS	3700 STARKS ST	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/>
NAME	MURPHY, MARY L	
STREET ADDRESS	2131 MESSINA AVE	
CITY-ST-ZIP	ORLANDO FL 32801-1	
TITLE	D	<input type="checkbox"/>
NAME	WILLIAMS, CHARLES	
STREET ADDRESS	3700 STARKS ST	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

000000434789
02/25/06-80015-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

Doris H Williams 2/15/06 1030