

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002862

FILED
Mar 23, 2009
Secretary of State

Entity Name: NOAH'S ARK - SANCTUARY FOR ABUSED AND ABANDONED ANIMALS, INC.

Current Principal Place of Business:

2217 EAST ATLANTIC AVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

2612 NE 5TH ST
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 52-2375748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W. THORNTON SCOTT, ESQUIRE
2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH, FL 32062 US

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: PD () Delete
Name: BEESON, BARBARA
Address: 2612 NE 5TH ST
City-St-Zip: POMPANO BEACH, FL 33062

Title: VD () Delete
Name: BRUNNER, HEATHER
Address: 608 NE 24TH AVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: SD () Delete
Name: ADAMS, ELIZABETH
Address: 3761 NE 16TH TERR
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD () Delete
Name: BEESON, JAMES
Address: 2612 NE 5TH ST
City-St-Zip: POMPANO BEACH, FL 33062

Title: ED () Delete
Name: BROCKHURST, BETSY E
Address: 2012 SE 15TH CT
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

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:

Title: VD (X) Change () Addition
Name: BROCKHURST, BETSY E
Address: 2012 SE 15TH CT
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES BEESON

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date