2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 25, 2004 8:00 am Secretary of State DOCUMENT# N03000004257 02-25-2004 90047 010 ****61.25 NOAH'S ARK CHRISTIAN MINISTRIES, INC. Principal Place of Business Mailing Address 3741 SPEAR POINT DRIVE ORLANDO FL 32837 3741 SPEAR POINT DRIVE ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address 3531 FOREST RIDGE LN. 3531 FOREST RIDGE LANE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number (ISSIMMEE, FL. KISSIMM*EE,FL*. Not Applicable OSCEO LA \$8.75 Additional 5. Certificate of Status Desired OSCEOLA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEGER-FREDERICK J REV --Street Address (P.O. Box Number is Not Acceptable) -3741-SPEAR POINT DRIVE -ORLANDO FL 32837 3531 FOREST RIDGE LANE KISSIMMEE, FL. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change TITLE ☐ Delete TITLE ☐ Addition STEGER, FREDERICK J. REV STEGER, FREDERICK J REV. NAME NAME 3741 SPEAR POINT DRIVE 3531 FOREST RIDGE LANE STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 KISSIMMEE, FL. 34741 CITY-ST-ZIP CITY-ST-ZIP VPD UPO TITLE Delete Change Change TITLE ☐ Addition STEGER, ELIZABETH E STEGER, ELIZABETH, E NAME 3741 SPEAR POINT DRIVE 3531 FOREST RIDGE LANE STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 KISSIMMEE, FL. 34741 CITY-ST-ZIP CITY-ST-7IP TD TITLE Delete TITLE Change Addition REYNOLDS, JOHN NAME NAME 17640 LAS BRISAS COURT STREET ADDRESS STREET ADDRESS WINTER GARDENS FL 34787 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FREDERICK J. STEGER PD

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED