


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90017 048 ****61.25

DOCUMENT # N05000011.126
 1. Entity Name
NOAH'S ARK NON-DENOMINATIONAL CHURCH, INC.



Principal Place of Business
744 NINTH STREET
WINTER GARDEN, FL 34787

Mailing Address
P.O. BOX 455
GROVELAND, FL 34736

2. Principal Place of Business - No P.O. Box #
938 West Broome St
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Clermont Fla

City & State

Zip
34711

Country
Lake

41



02132008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

BRODUS, CORNELIUS
360 FIRST AVE
GROVELAND, FL 34736

4. FEI Number
59-3819544

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2008

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRODUS, CORNELIUS 360 FIRST AVENUE GROVELAND, FL 34736 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRODUS, LUCILLE 360 FIRST AVENUE GROVELAND, FL 34736 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT M FORREST, DONNA 1336 RAINTREE BLVD #304 CLERMONT, FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GREGORY J 11643 ROPER BLVD CLERMONT, FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOUNTAIN, WANDA 2941 BURNING TREE COURT OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, ROBERT L 1801 WESTERN LANE MASCOTTE, FL 34753 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Cornelius Brodus* **4/7/08 3524292691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #