

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004589

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: NOAH'S ARK FILLING STATION OF CLEWISTON INC.

**Current Principal Place of Business:**

2301 GULF OF MEXICO DRIVE  
#91-N  
LONGBOAT KEY, FL 34228 US

**New Principal Place of Business:**

**Current Mailing Address:**

2301 GULF OF MEXICO DRIVE  
#91-N  
LONGBOAT KEY, FL 34228 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHONBRUNN, MONA L  
2301 GULF OF MEXICO DRIVE  
#91-N  
LONGBOAT KEY, FL 34228 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: D ( ) Delete  
Name: SCHONBRUNN, MONA L PH.D.  
Address: 2301 GULF OF MEXICO DRIVE, #91-N  
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: D ( ) Delete  
Name: CLARKE, ROBERT P CPA  
Address: 1990 MAIN STREET, SUITE 801  
City-St-Zip: SARASOTA, FL 34236 US

Title: D ( ) Delete  
Name: NAMACK, WILLIAM H III  
Address: 1605 MAIN STREET, SUITE 1111  
City-St-Zip: SARASOTA, FL 34236 US

**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:

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: MONA L. SCHONBRUNN

D

03/26/2009

Electronic Signature of Signing Officer or Director

Date