2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008594

FILED Jan 06, 2009 Secretary of State

Entity Name: NOAH NOTHING CARING & TEACHING HOUSE, INC.

Current Principal Place of Business: New Principal Place of Business: 4005 SHORT 30TH STREET TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 4005 SHORT 30TH STREET 1421 MISTYGLEN LANE TAMPA, FL 33610 BRANDON, FL 33510 US FEI Number: 26-0834443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACKSON, DOROTHEA 1325 S CONGRESS AVE BOYNTON BEACH, FL 33437 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HARMON, GLORIA M Name: Name: 1421 MISTYGLEN LANE Address: Address: City-St-Zip: BRANDON, FL 33510 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAMS, SANDRA Name: Address: 3204 DEERFIELD DRIVE Address: City-St-Zip: TAMPA, FL 33610 US City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, MARY A Name: Name: 3706 E MCBERRY AVE Address: Address: City-St-Zip: TAMPA, FL 33610 US City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: LAVAN, DANIEL SR. Name: JACKSON, ALVIN JR. 840 WHITFIELD STREET 5528 BOYNTON GARDENS DRIVE Address: Address: City-St-Zip: MULBERRY, FL 33860 US City-St-Zip: BOYNTON BEACH, FL 33437 US Title: Title: () Delete () Change () Addition ESSIE, BRIGGS Name: Name: 1681 NW 155TH STREET Address: Address: City-St-Zip: OPA-LOCKA, FL 33054 US City-St-Zip: Title: () Delete Title: (X) Change () Addition IRA, PRESLEY WILLIE, PALMER Name: Name: Address: 3241 NW 208TH TERRACE Address: 1102 JAMES STREET MIAMI GARDENS, FL 33056 US DOUGLAS, GA 31533 US City-St-Zip: 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: GLORIA M. HARMON D 01/06/2009