## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N96000001347

Name:

Address:

City-St-Zip:

LINDOR, DHONNEUR

NAPLES, FL 34102

576 11TH STREET NORTH

FILED Dec 19, 2007 Secretary of State

Entity Name: NOAH'S ARK CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 576 11TH STREET NORTH NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** 576 11TH STREET NORTH NAPLES, FL 34102 FEI Number: 65-0712776 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOSEPH, ODINO PRESIDE 576 11TH STREET NORTH NAPLES, FL 34102 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: ODINO JOSEPH Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JOSEPH, ODINO Name: Name: Address: 576 11TH STREET NORTH Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: () Change () Addition JOSEPH, VERLINE Name: Name: Address: 576 11TH STREET NORTH Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: () Change () Addition ROCHE, ELDER Name: Name: 576 11TH STREET NORTH Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ODINO JOSEPH PR 12/19/2007