

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

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90062 010 ****61.25

DOCUMENT # N97000000355

1. Entity Name

THE ARK OF FREEPORT, INC.



Principal Place of Business

WEST BAYLOOP ROAD
P.O. BOX 638
FREEPORT FL 32439

Mailing Address

WEST BAYLOOP ROAD
P.O. BOX 638
FREEPORT FL 32439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOON, T C
BAYLOOP ROAD
FREEPORT FL 32439

Name *Charles M. Carlton Sr.*

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

Eastwood Ave.

City *Youngstown*

FL

Zip Code
32466

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

Charles M. Carlton Sr.

Charles M. Carlton Sr.
(President)

4/9/04

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
Due By May 1, 2004

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 ☒ Delete
NAME MOON, T C
STREET ADDRESS BAYLOOP ROAD
CITY-ST-ZIP FREEPORT FL 32439

TITLE ☐ Delete
NAME REEVES, ROBERT
STREET ADDRESS 718 27 STREET
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☒ Delete
NAME MOON, DAVID
STREET ADDRESS PO BOX 491
CITY-ST-ZIP FREEPORT FL 32439

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME *President*
STREET ADDRESS *Charles M Carlton Sr.*
CITY-ST-ZIP *8437 Eastwood Ave.*
Youngstown FL 32466

TITLE ☐ Change ☒ Addition
NAME *D. Steve Calhoun*
STREET ADDRESS *1686 Black Creek Blvd.*
CITY-ST-ZIP *Freeport, FL 32439*

TITLE ☒ Change ☒ Addition
NAME *Sammy Casey*
STREET ADDRESS *P.O. Box 74*
CITY-ST-ZIP *Ebro, FL 32437*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles M. Carlton Sr. *Charles M. Carlton Sr.*

4/9/04

850 872 2320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #