

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004084

FILED
Apr 25, 2007
Secretary of State

Entity Name: ARK OF HOPE FOR CHILDREN, INC.

Current Principal Place of Business:

6501 NE 32ND PL
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

6501 NE 32ND PL
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 59-3585457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORBETT, BLAIR
6501 NE 32ND PL
HIGH SPRINGS, FL 32643 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: PD () Delete
Name: CORBETT, BLAIR
Address: 6501 NE 32ND PL
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VSD () Delete
Name: CORBETT, VERNA
Address: 6501 NE 32ND PL
City-St-Zip: HIGH SPRINGS, FL 32643

Title: TRD () Delete
Name: ULMER, MARK
Address: 8850 SW 89TH LN.
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: WILLIAMS, ALLEN
Address: 1416 NE 15TH ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: D (X) Delete
Name: HORN, TRAVIS
Address: 4030 NW 17TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: WILKINS, MAX
Address: 8315 SW 16TH PL.
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRD (X) Change () Addition
Name: CORBETT, VERNA
Address: 6501 NE 32ND PL.
City-St-Zip: HIGH SPRINGS, FL 32643

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: BLAIR CORBETT

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date