FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



DIVISION OF CORPORATIONS

Feb 20, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

02-20-1999 90018 011 ***158.75

FILED

DOCUMENT # P97000012778							
NOAH'S ARK, A CHILD'S LEARNING CENTER, INC.							
		The second secon					1061
Principal Place of Business Mailing Address						. rannant tin stritt 18914 Baith Batti nahit satist 1819 (1811 1881) 1881 1915	IGEI
14563 OKEECHOBEE ROAD							
ECMAINTOILE TE 33470						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
Principal Place of Business 2a Mailing Address						02/07/1997	
2. Principal P	riace of Business	2a. Mailing Address				4. FEI Number Applied Fo	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				65-0732163 Not Applies \$8.75 Additions	
22						5. Certificate of Status Desired Fee Required	и
City & State City				-		6. Election Campaign Financing \$5.00 May Be	
23	28			Trust Fund Contribution		Trust Fund Contribution Added to Fees	
Zip 24				ntry		8. This corporation owes the current year Intangible	
24	9. Name and Address of Curren	29 Agent	30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent	
					Name	TV. Name and Address of New Registered Agent	
	SLEY, JAMES R			82	Discret Addis	70.0 Dei N	
2748 YARMOUTH DRIVE				02	Street Addre	ress (P.O. Box Number is Not Acceptable)	•
WELLINGTON FL 33414				83	· - · · ·	,	
				84	City	= 85 Zip Code	\dashv
					•	F1]]
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coroffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporat agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						oration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered	∌d
ayent, ra	im familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statu	tes.		, , , , ,	
SIGNATURE	Signature, typed or printed name of registered agent	at and title if applicable. (NOTE:	Registered A	\gent :	signature required	d when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	D BOOLEY MARO B	☐ DELETE	. 1.1 TTL	.E		☐ Change ☐ Ado	dition
NAME	BOSLEY, JAMES R 2748 YARMOUTH DRIVE		1.2 NAN			·	
STREET ADDRESS	WELLINGTON FL 33414				ADDRESS		
CITY-ST-ZIP T/TLE	D	□ DELETE	1.4 CITY 2.1 TITL		ZIP	☐ Change ☐ Add	Ed
NAME	WOLFORD, DOYLE W		2.1 IIIC			☐ Change ☐ Add	noun
STREET ADDRESS	14563 OKEECHOBEE ROAD				ADDRESS .		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		2. 4 CIT				: .
TITLE		☐ DELETE	3.1 TITL	E		☐ Change ☐ Add	ition
NAME			3.2 NAM	Œ			
STREET ADDRESS			3.3 STR	EETA	DORESS		ŀ
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CIT		ZIP		
NAME		□ bereie	4.1 TITLE 4.2 NAM			☐ Change ☐ Add	ition
STREET ADDRESS					DORESS		
CITY-ST-ZIP			4.4 CITY		1		-]
TITLE		☐ DELETE	5.1 TITLE		=-	☐ Change ☐ Addi	ition
NAME			5.2 NAM	Ε			}
STREET ADDRESS			5.3 STRE				
CITY-ST-ZIP			5.4 CITY		ZIP	277	
TITLE NAME		☐ DELETE	6.1 TITLE		ĺ	☐ Change ☐ Addi	tion
STREET ADDRESS			6.2 NAME		DDRESS		
CITY-ST-ZIP				6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
	· · · · · · · · · · · · · · · · ·						- 1

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: