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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90140 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S04816

1. Corporation Name

NOAH'S ARK CHILD CARE CENTER, INCORPORATED

Principal Place of Business

**3511 S.E. 31ST STREET
OCALA FL 34471
US**

Mailing Address

**3511 S.E. 31ST STREET
OCALA FL 34471
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1990

4. FEI Number new #

59-3030189 59-3529384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**LUCE, JUDITH L.
3511 S.E. 31ST STREET
OCALA FL 32871**

10. Name and Address of New Registered Agent

81 Name

Glenda D. Downing

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

3 Hemlock Terrace

83

84 City

Ocala

85 FL

Zip Code

34472

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Glenda D. Downing*
Signature, typed or printed name of registered agent and title if applicable

Glenda D. Downing President 4-31-99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **LUCE, JUDITH L.**
STREET ADDRESS **3511 SE 31ST ST**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☒ DELETE
NAME **KAINRAD, CHRISTIAN A.**
STREET ADDRESS **348 LACOSTA**
CITY-ST-ZIP **NORTH PORT FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Downing, Glenda D.**
1.3 STREET ADDRESS **3 Hemlock Terrace**
1.4 CITY-ST-ZIP **Ocala, FL 34472**

2.1 TITLE **Sec., Treas.** ☒ Change ☐ Addition
2.2 NAME **Downing, John C., Jr.**
2.3 STREET ADDRESS **3 Hemlock Terrace**
2.4 CITY-ST-ZIP **Ocala, FL 34472**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Glenda D. Downing*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-31-99 352 694-1494
Date Daytime Phone #

CR2E034 (11/98)