

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007148

**FILED**  
**Feb 05, 2019**  
**Secretary of State**  
**0971416019CC**

**Entity Name:** THE ARK SCHOOL OF FITNESS INC.

**Current Principal Place of Business:**

22 NE 11 STREET  
GAINESVILLE, FL 32601

**Current Mailing Address:**

22 NE 11 STREET  
GAINESVILLE, FL 32601

**FEI Number:** 46-0932574

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ESPINOSA, MICHAEL J MR.  
22 NE 11 STREET  
GAINESVILLE, FL 32601 US

*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

**Officer/Director Detail :**

Title P  
Name ESPINOSA, MICHAEL J MR.  
Address 612 SE 8TH STREET  
City-State-Zip: GAINESVILLE FL 32601

Title VP  
Name STRAW, JASON MR.  
Address 518 NW 2ND STREET  
City-State-Zip: GAINESVILLE FL 32601

Title SEC.  
Name JETTE, CHRIS DR.  
Address 2900 NW 14 PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title TR.  
Name RIEHM, MARIANA S MS.  
Address 612 SE 8TH STREET  
City-State-Zip: GAINESVILLE FL 32601

Title OFFICER  
Name GIL, DANIEL MR.  
Address 612 SE 8TH STREET  
City-State-Zip: GAINESVILLE FL 32601

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL ESPINOSA

**EXECUTIVE DIRECTOR**

**02/05/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date