

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 04, 2009
Secretary of State**

DOCUMENT# N08000010233

Entity Name: ARK OF THE COVENANT GLOBAL MINISTRIES, INC.

Current Principal Place of Business:

402 HEARTHSIDE COURT
ORANGE PARK, FL 32065 US

New Principal Place of Business:

402 HEARTHSIDE COURT
ORANGE PARK, FL 32065 US

Current Mailing Address:

P.O. BOX 440967
JACKSONVILLE, FL 32222 US

New Mailing Address:

FEI Number: 26-3599704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMPSON, LINDA
402 HEARTHSIDE COURT
ORANGE PARK, FL 32065 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, LINDA
Address: 402 HEARTHSIDE COURT
City-St-Zip: ORANGE PARK, FL 32065 US

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

Title: VP () Delete
Name: LATHERS, TONY SR.
Address: PO BOX 440967
City-St-Zip: JACKSONVILLE, FL 32222 US

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

Title: A () Delete
Name: ALLEN, KJERSTI
Address: PO BOX 441526
City-St-Zip: JACKSONVILLE, FL 32222 US

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

Title: S () Delete
Name: SPARKS, DEBORAH
Address: PO BOX 440967
City-St-Zip: JACKSONVILLE, FL 32222 US

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: LINDA THOMPSON

P

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date