

FILE NOW: FILING FEE IS \$61.25

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**Jun 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000268 (9)
1. Corporation Name
THE ARK OF THE COVENANT, INC.



Principal Place of Business 415 MOUNTAIN DRIVE SUITE 5 DESTIN FL 32541	Mailing Address 415 MOUNTAIN DRIVE SUITE 5 DESTIN FL 32541
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3. Date Incorporated or Qualified 01/03/1997	
4. FEI Number NO EMPLOYEES	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 193 HODGE Rd. E	2a. Mailing Address 26 193 Hodge Rd. E.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State SANTA ROSA Bch, FL	28 City & State SANTA ROSA Bch, FL
24 Zip 32459	25 Country WALTON
29 Zip 32459	30 Country

9. Name and Address of Current Registered Agent LUISI, KATHIE 736 VINTAGE CR DESTIN FL 32541	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	D <input type="checkbox"/> DELETE	1.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUISI, KATHIE	1.2 NAME	REV. MICHAEL JORDAN
STREET ADDRESS	736 VINTAGE CIR.	1.3 STREET ADDRESS	193 HODGE RD. E.
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	SANTA ROSA Bch, FL. 32549
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUISI, CARMEN	2.2 NAME	
STREET ADDRESS	736 VINTAGE CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	
TITLE VP	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISH, MARY RITA	3.2 NAME	
STREET ADDRESS	114 WISH LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISH, ROBERT	4.2 NAME	
STREET ADDRESS	114 WISH LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALESZEWSKI, STEVE	5.2 NAME	
STREET ADDRESS	28 SANDESTIN ESTATES	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. JAMES FLANIGAN	6.2 NAME	
STREET ADDRESS	193 HODGE RD E	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA Bch, FL. 32549	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **June 11, 1998** **850-654-**

CRE037 (10/97)