## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 17, 2005 8:00 am **Secretary of State DOCUMENT # 761860** 1. Entity Name 02-17-2005 90030 041 \*\*\*\*61.25 THE ARK CHRISTIAN CHURCH, INC. Principal Place of Business Mailing Address 1400 NW 111 ST. 1400 NW 111 ST. **SUULL BOU** BLDG BI DG MIAMI FL 33167 MIAMI FL 33167 2. Principal Place of Business 3. Mailing Address CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-6166988 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALLAZO, DANIEL Street Address (P.O. Box Number is Not Acceptable) 7092 W. 5 COURT HIALEAH FL 33014 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. 2-13-2005 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 7092 W.5 Court Hislath, Fla: 33014 TITLE TITLE ☐ Change ☐ Addition CALLAZO, DANIEL NAME NAME 1760 N.W. 109 ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Delete Change ☐ Addition COLLAZO, JULIO NAME 1710 NORTHWEST 109TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition | CALLAZO, MATRIHA 7092 W. 5 Court 1760 N W 109TH STREET Hialeath, Fla. 33014 NAME NAME STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition COLLAZO, ELIEZER NAME NAME 1719 N.W. 112 TERR. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE COLLAZO, HECTOR NAME NAME 9590 NW 32 AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY+ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE RUIZ, ALVARO NAME 372 NW 119 STREET STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ICER OR DIRECTOR

2-13-05 305-698-38

FILED