2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005
Secretary of State

DOCUMENT# F03000003718

Entity Name: ARK OF CHRIST MISSION INTERNATIONAL, INC.

Current Principal Place of Business:

1710 EASTERN PARKWAY
BROOKLYN, NY 11233

New Principal Place of Business:

Current Mailing Address:

1710 EASTERN PARKWAY
BROOKLYN, NY 11233

New Mailing Address:

FEI Number: 11-3211580 **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:

FUNG-A-FAT, CLAUDETTE
915 NW 1ST AVE
APT H-612
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

FUNG-A-FAT, CLAUDETTE P
915 NW 1ST AVE
APT H-612
MIAMI, FL 33136 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: CLAUDETTE P. FUNG-A-FAT 08/22/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: CANN, ROBERT E REV. DR
Address: 102-21 FARMERS BLVD.
City-St-Zip: HOLLIS, NY 11423

Title: VD ( ) Delete
Name: CANN, MERLE O REV. DR
Address: 102-21 FARMERS BLVD.
City-St-Zip: HOLLIS, NY 11423

Title: S ( ) Delete
Name: CANN, TERRIE O
Address: 102-21 FARMERS BLVD
City-St-Zip: HOLLIS, NY 11423

Title: T ( ) Delete
Name: FRIMPONG, ERIC
Address: 228-44 MENTONE AVE
City-St-Zip: LAURETON, NY 11413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: CANN, TERRI O
Address: 102-21 FARMERS BLVD
City-St-Zip: HOLLIS, NY 11423

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDETTE P. FUNG-A-FAT RA 08/22/2005
Electronic Signature of Signing Officer or Director Date