

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006423

**FILED**  
**Mar 16, 2004**  
**Secretary of State****Entity Name:** ARK OF FAITH CHRISTIAN CENTER AND WORLD OUT REACH, INC.**Current Principal Place of Business:**404 SIR TOPAZ LN S  
LAKE MARY, FL 32746**New Principal Place of Business:****Current Mailing Address:**404 SIR TOPAZ LN S  
107  
LAKE MARY, FL 32746**New Mailing Address:****FEI Number:** 59-3711908**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DIXON, MARC  
853 CANTERBURY DRIVE  
LAKE MARY, FL 32746 US**Name and Address of New Registered Agent:**

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:****Title:** D ( ) Delete  
**Name:** DIXON, MARC  
**Address:** 853 CANTERBURY DRIVE  
**City-St-Zip:** LAKE MARY, FL 32746**Title:** D ( ) Delete  
**Name:** DIXON, TEE  
**Address:** 853 CANTERBURY DRIVE  
**City-St-Zip:** LAKE MARY, FL 32746**Title:** D ( ) Delete  
**Name:** DAVIS-DIXON, JEANNE  
**Address:** 2313 NORTH 4TH STREET  
**City-St-Zip:** MPL, MN 55411**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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: MARC DIXON

D

03/16/2004

Electronic Signature of Signing Officer or Director

Date