

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90742 028 ****70.00

DOCUMENT # N00000006423

1. Entity Name
**ARK OF FAITH CHRISTIAN CENTER AND WORLD
OUT REACH, INC.**



Principal Place of Business
**721 CREEK WATER TERR
107
LAKE MARY, FL 32746**

Mailing Address
**721 CREEK WATER TERR
107
LAKE MARY, FL 32746**

2. Principal Place of Business

404 SIR TOPAZ LANE S.

Suite, Apt. #, etc.

3. Mailing Address

404 SIR TOPAZ LANE S.

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

Zip

32746

Country

seminole

Zip

32746

Country

seminole

4. FEI Number

59-3711908

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIXON, MARC
863 CANTERBURY DRIVE
LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agents signature required when releasing)

DATE

FILE NOW FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
DIXON, MARC
STREET ADDRESS **863 CANTERBURY DRIVE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME **D**
DIXON, TEE
STREET ADDRESS **863 CANTERBURY DRIVE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME **D**
DAVIS-DIXON, JEANNE
STREET ADDRESS **2313 NORTH 4TH STREET**
CITY-ST-ZIP **MPL, MN 55411**

TITLE ☒ Delete
NAME **D**
YORKER, PAULA
STREET ADDRESS **% SHEILA DIXON - 863 CANTERBURY DRIVE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Marc Dixon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 407.324.4151

Date

Daytime Phone #

CR2E037 (10/02)