

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-09-2002 90027 014 ****61.25

DOCUMENT # N01000004223

1. Entity Name

ARK MINISTRY CHRISTIAN CHURCH, INC.

Principal Place of Business

1040 WEST PROSPECT ROAD BAY A
 FORT LAUDERDALE FL 33309

Mailing Address

1040 WEST PROSPECT ROAD BAY A
 FORT LAUDERDALE FL 33309

2. Principal Place of Business

1981 Oakland Park Blvd.

3. Mailing Address

P.O. Box 190125



DO NOT WRITE IN THIS SPACE

City & State

FT. Lauderdale FL.

City & State

FT. Lauderdale FL.

4. FEI Number

65-1120996

Applied For

Not Applicable

Zip

33311

Country

U.S.

Zip

33319

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ALLEN B
6740 NORTHWEST 28 STREET
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33311

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.

SIGNATURE

Allen B. Jackson **Allen B. Jackson Senior Pastor 4-1-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **P**
 NAME **JACKSON, ALLEN B** ☐ Delete
 STREET ADDRESS **6740 NORTHWEST 28 STREET**
 CITY-ST-ZIP **SUNRISE FL 33313**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☒ Change ☐ Addition
 NAME **Allen B. Jackson**
 STREET ADDRESS **1805 N.W. 3rd Terr. #8**
 CITY-ST-ZIP **FT. Lauderdale FL 33311**

TITLE **Trustee** ☐ Change ☒ Addition
 NAME **Adrian Odle**
 STREET ADDRESS **1280 S.W. 29th Terrace**
 CITY-ST-ZIP **FT. Lauderdale FL 33312**

TITLE **Trustee** ☐ Change ☒ Addition
 NAME **Mauriette Odle**
 STREET ADDRESS **1280 S.W. 29th Terrace**
 CITY-ST-ZIP **FT. Lauderdale FL 33312**

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

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

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:

Allen B. Jackson **Allen B. Jackson 4-1-02 728-8384**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)