

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

02-05-2003 90147 026 *****8.75
03-05-2003 90080 028 *****52.50

DOCUMENT # NO1000004223

1. Entity Name

ARK MINISTRY CHRISTIAN CHURCH, INC.



Principal Place of Business

**1981 OAKLAND PARK BLVD
FORT LAUDERDALE FL 33311
US**

Mailing Address

**P O BOX 190125
FORT LAUDERDALE FL 33319
US**

70024522



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

ST. George Community Park

Suite, Apt. #, etc.

3501 N.W. 8th Street

City & State

FT. Lauderdale Florida

Zip

33311

Country

Broward

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-1120996**

Applied For

Not Applicable

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 **Allen B. Jackson**

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

1805 N.W. 3rd Terrace #8

City **FT. Lauderdale**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature of Allen B. Jackson]

1/29/03

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 **JACKSON, ALLEN B**
STREET ADDRESS **1805 NW 3RD TERR #8**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☒ Delete
NAME **ODLE, ADRIAN**
STREET ADDRESS **1280 SW 29TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☒ Delete
NAME **ODLE, MAURNETTE**
STREET ADDRESS **1280 SW 29TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME **Trustee Ramona Graham**
STREET ADDRESS **5420 N.W. 16th**
CITY-ST-ZIP **Lauderhill Florida 33313**

TITLE ☐ Change ☒ Addition
NAME **Trustee Jackie Archer**
STREET ADDRESS **2417 N.W. 36th AVE**
CITY-ST-ZIP **Fort Lauderdale 33311**

TITLE ☐ Change ☒ Addition
NAME **Trustee Claudia Monsalve**
STREET ADDRESS **6245 Country Fair circle**
CITY-ST-ZIP **Boynton Beach FL 33437**

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: *[Signature of Allen B. Jackson]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03

Date

954-728-8384 hmn

954-786-4205 WK

Daytime Phone #

CR2E037 (10/02)