

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006302

1. Entity Name
FL APOSTOLIC ARK PENTECOSTAL MINISTRIES, INC.



Principal Place of Business
6800 SUNSET STRIP
SUNRISE, FL 33313

Mailing Address
P.O. BOX 130314, STA. 262
SUNRISE, FL 33313

DO NOT WRITE IN THIS SPACE



05032004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1137631
Applied For
☒ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, DELROY E
7481 SUNSET STRIP
SUNRISE, FL 33313

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, DELROY E 7481 SUNSET STRIP SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, GEOFFORY W 22-24 & 27 HUNTLEY AVE BROWN'S TOWN, ST. ANN, JA JAMAICA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BAKER, YVONNE L 7481 SUNSET STRIP SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T BENNETT, CARLTON 7080 COPENHAGEN ROAD, UNIT #83 MISSISSAUGA, ONTARIO, CD L5N2C9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T BAKER, DELROY E 7481 SUNSET STRIP SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GREEN, CYRUS 4926 NW 95TH AVENUE, #24B SUNRISE, FL 33351

U00000162642

06/17/04-80001-007 61.25

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IN THIS SPACE**

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: DELROY E. BAKER 6/1/04 754-422-7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #