2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006302

FILED Mar 29, 2008 Secretary of State

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

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	NSET STRIP E, FL 33313			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
P.O. BOX 130314, STA. 262 SUNRISE, FL 33313		7481 SUNSET STRIP SUNRISE, FL 33313		
FEI Numbe	r: 65-1137631 FEI Number Applied For() F	El Number Not Applicable()	Certificate of Status Desired ( )	
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
7481 SÜN	DELROY E NSET STRIP E, FL 33313 US			
	e named entity submits this statement for the purpo te of Florida.	ose of changing its register	ed office or registered agent, or bot	
SIGNATU	IRE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address:	P () Delete BAKER, DELROY E 7481 SUNSET STRIP SUNRISE, FL 33313	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
City-St-Zip:				
Title: Name: Address:	V ( ) Delete JOHNSON, GEOFFORY W 22-24 & 27 HUNTLEY AVE BROWN'S TOWN, ST. ANN, JA JAMAICA WI	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	JOHNSON, GEOFFORY W 22-24 & 27 HUNTLEY AVE	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  City-St-Zip:  City-St-Zip:  City-St-Zip:	JOHNSON, GEOFFORY W 22-24 & 27 HUNTLEY AVE BROWN'S TOWN, ST. ANN, JA JAMAICA WI  S/D ( ) Delete BAKER, YVONNE L 7481 SUNSET STRIP	Name: Address: City-St-Zip: Title: Name: Address:	., -	
Title: Name: Address: City-St-Zip: Vame: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Name: Address:	JOHNSON, GEOFFORY W 22-24 & 27 HUNTLEY AVE BROWN'S TOWN, ST. ANN, JA JAMAICA WI  S/D () Delete BAKER, YVONNE L 7481 SUNSET STRIP SUNRISE, FL 33313  D/T () Delete BENNETT, CARLTON 7080 COPENHAGEN ROAD, UNIT #83	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DELROY BAKER P 03/29/2008