

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91468 040 \*\*\*\*\*70.00

DOCUMENT # N01000006414

1. Entity Name



*The Ark of Jesus-Christ, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

THE ARK OF JESUS-CHRIST, Inc.

Suite, Apt. #, etc.  
4015 40th Street

City & State  
West Palm Beach, Florida

Zip  
33407

Country  
Palm Beach

3. Mailing Address

619 53rd Street

Suite, Apt. #, etc.

West Palm Beach

City & State  
West Palm Beach, Florida

Zip  
33407

Country  
Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1122765

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Nelvil St. Louis

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

619 53rd Street

City

West Palm Beach,

FL

Zip Code

33407

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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 PD  
NAME ST. LOUIS, Nelvil  
STREET ADDRESS 619 53rd Street  
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE TD  
NAME JEAN CHARLES AZOR, Marie  
STREET ADDRESS 143 West 37th street  
CITY-ST-ZIP Riviera Beach, FL 33404

TITLE SD  
NAME FERISME, ALCHIL  
STREET ADDRESS 253 Silver Beach Rd; Apt. #2  
CITY-ST-ZIP Lake Park, FL 33407

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**DO NOT WRITE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nelvil St. Louis*

CR2E037B (12/02)