FILED Mar 04, 2003 8:00 am Secretary of State

	NIFORM BUSINI		· (ODI)	. ,		01-21-2003	90559 007	/ **** 61.2	25
1. Entity Na	JMENT # NO2000 ARK WORLD OUTREACH, INC								
Principal Place of Business 17002 FALCON RIDGE RD LITHIA FL 33547		Mailing Address 17002 FALCON RIDGE RD LITHIA FL 33547		· 					
2. Principal Place of Business		3. Mailing Address							
Suite, Apl. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number Applied For				<u>ן</u>
Zip	Country	Zip	Country		5. Certificate of S	39685 latus Desired 🔲	\$8.75 Ad		4
	- 8. Name and Address of Current	Registered Agent	Name		⊴7.º Name and Add	ress of New Registers	<u>_</u>		<u> </u>
HILLMAN, JANE REV.									
4902 BUSCH BLVD TEMPLE TERRACE FL 33617				Street Address (P.O. Box Number is Not Acceptable)					\downarrow
r coa CL			City				Zip Coo	le	-
8. The above	e named entity submits this statement for	the purpose of changing its	registered office	or registere	ed agent, or both, in	_	' L '		4
the obliga	tions of registered agent.			_			·		ļ
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent sig	neuro mouland	when minutation)	CATE			
							- 		1
FILE NOW: FEE IS \$61.25		9- Election Carr Trust Fund Ca			to State				
10.	OFFICERS AND DIR	ECTORS	11.	A	DDITIONS/CHANG	S TO OFFICERS AND	DIRECTORS IN	10_	}
TITLE NAME	JOHN MARK WILL!	☐ Delete	TITLE NAME	-			☐ Change	Addition	8
STREET ADDRESS CITY-ST-ZIP	ITOOZ FALCON RIO	9 R.Q.	STREET ADDRESS	s					CR2E037 (10/02)
MILE	V, D	☐ Delete	TITLE	 				☐ Addition	낊
NAME STREET ADDRESS	SUSAR D. WILLA 17002 FALCON RII		****				Change		144
DIVIDED VIDINGOS			NAME STREET ADDRESS				☐ Change		5
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	5			Change		Ö
	STHIA FL 355	oce not	STREET ADORESS CITY-ST-ZIP	S				🔲 Addition	5
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2. I hereby certify that the information supplied with this filling 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.

3IGNATURE:

2003 NOT-FOR-PROFIT CORPORATION