

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011080

FILED
May 03, 2008
Secretary of State

Entity Name: ARK INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

2011 KNITTLE CIR
NEW SMYRNA BCH, FL 32168

New Principal Place of Business:

Current Mailing Address:

2011 KNITTLE CIR
NEW SMYRNA BCH, FL 32168

New Mailing Address:

FEI Number: 13-4271336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARKER, JOHN F
2011 KNITTLE CIR
NEW SMYRNA BCH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARKER, JOHN F
Address: 2011 KNITTLE CIR
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D () Delete
Name: BARKER, MICHELLE M
Address: 2011 KNITTLE CIR
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D () Delete
Name: BEIK, STEPHEN W
Address: 1101 N LAKE DESTINY RD STE 120
City-St-Zip: MAITLAND, FL 32751

Title: B () Delete
Name: RALEY, JAMES REV.
Address: 6 WILDERNESS RUN
City-St-Zip: FLAGLER BEACH, FL 32136

Title: B () Delete
Name: GRIMES, HUBERT JUDGE
Address: 130 OLD MILL RUN
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELLE M BARKER

D

05/03/2008

Electronic Signature of Signing Officer or Director

Date