

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006904

FILED
Mar 06, 2007
Secretary of State

Entity Name: ARK OF FAITH TABERNACLE, INC.

Current Principal Place of Business:

6102 FILLMORE ST.
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600270
NORTH MIAMI, FL 33160

New Mailing Address:

FEI Number: 20-1174155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINNOCK, GRACE
6102 FILLMORE ST.
HOLLYWOOD, FL 33024 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: P () Delete
Name: PINNOCK, GRACE L REV
Address: P.O. BOX 600270
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: AVP () Delete
Name: BEHARIE, DEVON
Address: 17947 NW 40TH CT
City-St-Zip: OPA LOCKA, FL 33055

Title: ST () Delete
Name: BEHANE, JACQUELINE
Address: 17947 NW 40TH CT
City-St-Zip: OPA LOCKA, FL 33055

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GRACE PINNOCK

REV

03/06/2007

Electronic Signature of Signing Officer or Director

Date