2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006904

Title:

Name:

Address:

City-St-Zip:

Entity Name: ARK OF FAITH TABERNACLE II

() Delete

BEHANE, JACQUELINE

OPA LOCKA, FL 33055

17947 NW 40TH CT

FILED Feb 27, 2008 Secretary of State

Entity Nar	ne: ARK OF	FAITH TABERNACLE, INC.			
Current Principal Place of Business:			New Principal Place of Busine	New Principal Place of Business:	
6102 FILLN HOLLYWC	MORE ST. DOD, FL 3302	4			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX 600270 NORTH MIAMI, FL 33160			6102 FILLMORE ST. HOLLYWOOD, FL 33024		
FEI Number:	20-1174155	FEI Number Applied For ()	FEI Number Not Applicable () Certifica	ate of Status Desired()	
Name and Address of Current Registered Agent:			Name and Address of New Reg	Name and Address of New Registered Agent:	
PINNOCK, GRACE 6102 FILLMORE ST. HOLLYWOOD, FL 33024 US			PINNOCK, GRACE G 6102 FILLMORE ST. HOLLYWOOD, FL 33024 US	6102 FILLMORE ST.	
	named entity e of Florida.	submits this statement for the	ourpose of changing its registered office or r	egistered agent, or both,	
SIGNATURE: GRACE PINNOCK			C	2/27/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PINNOCK, GR. P.O. BOX 6003		Title: () Change Name: Address: City-St-Zip:	() Addition	
Title: Name: Address: City-St-Zip:	AVP (BEHARIE, DEV 17947 NW 401 OPA LOCKA, F	тн ст	Title: () Change Name: Address: City-St-Zip:	() Addition	

Title:

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: GRACE PINNOCK REV 02/27/2008

() Change () Addition