2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N06000003220

Entity Name: ARK OF FAITH CHURCH INTERNATIONAL, INC

Current Principal Place of Business:

842 WATERWAY PLACE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

842 WATERWAY PLACE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-4620836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIXON, MARC T
627 WHITMAN COVE
LONGWOOD, FL 32750 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: C ( ) Delete
Name: DIXON, MARC T
Address: 627 WHITMAN COVE
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: DIXON, TEE
Address: 627 WHITMAN COVE
City-St-Zip: LONGWOOD, FL 32750

Title: SD ( ) Delete
Name: COLEMAN, SERVERNIA
Address: 1631 STOCKTON
City-St-Zip: SNAFORD, FL 32771

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: NELSON, SERVERNIA
Address: 351 SYCAMORE SPRINGS ST
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Change (X) Addition
Name: ROUSE, TRACIE
Address: 940 FRAMINGHAM COURT
City-St-Zip: LAKE MARY, FL 32746

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: SEVERNIA NELSON SD 03/04/2009
Electronic Signature of Signing Officer or Director — Date