

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003220

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** ARK OF FAITH CHURCH INTERNATIONAL, INC

**Current Principal Place of Business:**

842 WATERWAY PLACE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

2290 N. RONALD REAGAN BLVD  
SUITE 120  
LONGWOOD, FL 32750

**Current Mailing Address:**

842 WATERWAY PLACE  
LONGWOOD, FL 32750

**New Mailing Address:**

2290 N. RONALD REAGAN BLVD  
SUITE 120  
LONGWOOD, FL 32750

**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  
Name: DIXON, MARC T  
Address: 627 WHITMAN COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: D  
Name: DIXON, T  
Address: 627 WHITMAN COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: SD  
Name: NELSON, S  
Address: 1631 STOCKTON  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: ROUSE, TRACIE  
Address: 420 DORCHESTER SQUARE  
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: MARC T. DIXON

C

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date