

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009972

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ARK MISSIONS INC

## Current Principal Place of Business:

1643 AMARILLO TRAIL  
GULF BREEZE, FL 32563 US

## New Principal Place of Business:

7378 TREASURE ST  
NAVARRE, FL 32566 US

## Current Mailing Address:

1643 AMARILLO TRAIL  
GULF BREEZE, FL 32563 US

## New Mailing Address:

7378 TREASURE ST  
NAVARRE, FL 32566 US

FEI Number: 20-1626845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VARGAS, MARK F PRES  
1643 AMARILLO TRAIL  
GULF BREEZE, FL 32563 US

## Name and Address of New Registered Agent:

VARGAS, MARK F PRES  
7378 TREASURE ST  
NAVARRE, FL 32566 US

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: MARK F VARGAS

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: A ( ) Delete  
Name: VARGAS, MARK F SR  
Address: 1643 AMARILLO TRAIL  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: P ( ) Delete  
Name: ERICKSON, JUSTIN SR  
Address: 8070 SLEEPY BAY BLVD  
City-St-Zip: NAVARRE, FL 32566 US

Title: P ( ) Delete  
Name: SACKET, JIM  
Address: 5329 PRAIRE  
City-St-Zip: GULF BREEZE, FL 32563 US

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: A (X) Change ( ) Addition  
Name: VARGAS, MARK F  
Address: 7378 TREASURE ST  
City-St-Zip: NAVARRE, FL 32566 US

Title: D (X) Change ( ) Addition  
Name: ERICKSON, JUSTIN  
Address: 8070 SLEEPY BAY BLVD  
City-St-Zip: NAVARRE, FL 32566 US

Title: D (X) Change ( ) Addition  
Name: PLAGGEMAR, DAVID  
Address: 10774 TALL PINE  
City-St-Zip: ALLENDALE, MI 49401 US

Title: S ( ) Change (X) Addition  
Name: SISK, AMY C  
Address: 8070 SLEEPY BAY BLVD  
City-St-Zip: NAVARRE, FL 32566

Title: T ( ) Change (X) Addition  
Name: HILTON, ED  
Address: 1819 W SUNSET  
City-St-Zip: SPRINGFIELD, MO 65807

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: MARK F VARGAS

A

04/30/2009

Electronic Signature of Signing Officer or Director

Date