

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010233

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** ARK OF THE COVENANT GLOBAL MINISTRIES, INC.

**Current Principal Place of Business:**

402 HEARTHSIDE COURT  
ORANGE PARK, FL 32065 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 440967  
JACKSONVILLE, FL 32222 US

**New Mailing Address:**

402 HEARTHSIDE COURT  
ORANGE PARK, FL 32065 US

**FEI Number:** 26-3599704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

THOMPSON, LINDA  
402 HEARTHSIDE COURT  
ORANGE PARK, FL 32065 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: THOMPSON, LINDA  
Address: 402 HEARTHSIDE COURT  
City-St-Zip: ORANGE PARK, FL 32065 US

Title: VP ( ) Delete  
Name: LATHERS, TONY SR.  
Address: PO BOX 440967  
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: A ( ) Delete  
Name: ALLEN, KJERSTI  
Address: PO BOX 441526  
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: S ( ) Delete  
Name: SPARKS, DEBORAH  
Address: PO BOX 440967  
City-St-Zip: JACKSONVILLE, FL 32222 US

**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:

Title: ( ) Change ( ) Addition  
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: LINDA THOMPSON

P

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date