


FILE NOW: FILING FEE IS \$61.25

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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N50416 (9) 1. Corporation Name ARK MINISTRY, INC.					
Principal Place of Business 14910 N.W. 8TH CT. MIAMI FL 33168 US		Mailing Address 14910 N.W. 8TH CT. MIAMI FL 33168 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/13/1992 4. FEI Number 65-0367930 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent KINCAID, RON 14910 NW 8 COURT MIAMI FL 33168			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	PD	NAME	KINCAID, RON	1.1 TITLE	
STREET ADDRESS	14910 NW 8TH COURT	1.2 NAME		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		2.1 TITLE	
TITLE	CD	NAME	CURRY, MICHAEL F. P	2.2 NAME	
STREET ADDRESS	10050 SW 98 AVE	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL	3.1 TITLE		3.2 NAME	
TITLE	VD	NAME	SEYMOUR, TED	3.3 STREET ADDRESS	
STREET ADDRESS	3291 NE 4 AVE	3.4 CITY-ST-ZIP		4.1 TITLE	
CITY-ST-ZIP	BOCA RATON FL	4.2 NAME		4.3 STREET ADDRESS	
TITLE	SD	NAME	FRICK, PAUL	4.4 CITY-ST-ZIP	
STREET ADDRESS	7720 SW 99TH AVENUE	5.1 TITLE		5.2 NAME	
CITY-ST-ZIP	MIAMI FL	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE	TD	NAME	DIEZ, SANTIAGO	6.1 TITLE	
STREET ADDRESS	1401 BRICKELL AVENUE #500	6.2 NAME		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		6.5 TITLE	
TITLE	D	NAME	R. KEVIN CROSS	6.6 NAME	
STREET ADDRESS	2039 Tyler Street	6.7 STREET ADDRESS		6.8 CITY-ST-ZIP	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	6.9 CITY-ST-ZIP		6.10 TITLE	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Ron Kincaid</i> R. KINCAID 6 January 1998 305-685-8367 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032405					



CR2E037 (10/97)