

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90069 038 ****61.25

0027400

DOCUMENT # N50416

1. Corporation Name

ARK MINISTRY, INC.

Principal Place of Business

14910 NW 8TH CT.
MIAMI FL 33168
US

Mailing Address

P.O. BOX 822903
SOUTH FLORIDA FL 33082-2903

2903



2. Principal Place of Business

21 2711 SW 179 AVENUE

Suite, Apt. #, etc.

22

City & State

23 MIRAMAR, FLORIDA

Zip

24 33029

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28 33082-2903

Zip

29 33082-2903

Country

30 USA

3. Date Incorporated or Qualified

08/13/1992

4. FEI Number

65-0367930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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)

2711 SW 179 AVENUE

83

84 City

MIRAMAR

FL

85 Zip Code

33029

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 RON KINCAID, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11 Jan 1999

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KINCAID, RON

STREET ADDRESS 14910 NW 8TH COURT

CITY-ST-ZIP MIAMI FL

TITLE CD ☒ DELETE

NAME CURRY, MICHAEL F. P

STREET ADDRESS 10050 SW 98 AVE

CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME SEYMOUR, TED

STREET ADDRESS 3291 NE 4 AVE

CITY-ST-ZIP BOCA RATON FL

TITLE CD ☐ DELETE

NAME FRICK, PAUL

STREET ADDRESS 7720 SW 99TH AVENUE

CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME DIEZ, SANTIAGO

STREET ADDRESS 1401 BRICKELL AVENUE #500

CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME CROSS, R K

STREET ADDRESS 2039 TYLER ST

CITY-ST-ZIP HOLLYWOOD FL 33020

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KINCAID 13 Jan '99

954-442-3436

CR2E037 (11/98)