

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50416

1. Entity Name

ARK MINISTRY, INC.

Principal Place of Business

Mailing Address

2711 S.W. 179 AVENUE  
MIRAMAR FL 33029  
US

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

2. Principal Place of Business

3. Mailing Address

BOX 277991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIRAMAR, FLORIDA

Zip

Country

Zip

Country

33027-7991

US

4. FEI Number

65-0367930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KINCAID, RON  
2711 S.W. 179 AVENUE  
MIRAMAR FL 33029

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KINCAID, RON	
STREET ADDRESS	2711 S.W. 179 AVENUE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	GD	<input checked="" type="checkbox"/> Delete
NAME	CURRY, MICHAEL F. P	
STREET ADDRESS	10050 SW 98 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEYMOUR, TED	
STREET ADDRESS	3291 NE 4 AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FRICK, PAUL	
STREET ADDRESS	7720 SW 99TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIEZ, SANTIAGO	
STREET ADDRESS	1401 BRICKELL AVENUE #500	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSS, R K	
STREET ADDRESS	2039 TYLER ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RON KINCAID 24 Jan. 2000 442-3436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 31, 2000 8:00 am  
Secretary of State

01-31-2000 90089 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE