

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N50416

1. Entity Name
ARK MINISTRY, INC.



Principal Place of Business
2711 S.W. 179 AVENUE
MIRAMAR, FL 33029 US

Mailing Address
PO BOX 277991
MIRAMAR, FL 33027-7991 US



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KINCAID, RON 2711 S.W. 179 AVENUE MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEYMOUR, TED 3291 NE 4 AVE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FRICK, PAUL 7720 SW 99TH AVENUE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CROSS, R K 801 S FEDERAL HWY HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/14/05-80044-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **RON KINCAID**

1/11/05 954-442-3436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #