2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# N50416

Entity Name: ARK MINISTRY, INC.

Current Principal Place of Business:

2711 S.W. 179 AVENUE
MIRAMAR, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 277991
MIRAMAR, FL 330277991 US

New Mailing Address:

FEI Number: 65-0367930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINCAID, RON
2711 S.W. 179 AVENUE
MIRAMAR, FL 33029 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:	PD	( ) Delete
Name:	KINCAID, RON	
Address:	2711 S.W. 179 AVENUE	
City-St-Zip:	MIRAMAR, FL 33029	
Title:	VD	( ) Delete
Name:	SEYMOUR, TED	
Address:	3291 NE 4 AVE	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	CD	( ) Delete
Name:	FRICK, PAUL	
Address:	7720 SW 99TH AVENUE	
City-St-Zip:	MIAMI, FL 33173	
Title:	TD	( ) Delete
Name:	CROSS, R K	
Address:	801 S FEDERAL HWY	
City-St-Zip:	HOLLYWOOD, FL 33020	

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:	D	(X) Change ( ) Addition
Name:	KASSEES, PHIL	
Address:	2647 E. ATLANTIC BLVD.	
City-St-Zip:	POMPANO BEACH, FL 33062	

I hereby certify that the information supplied with this filing does not qualify for the 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: RON KINCAID PD 01/16/2007

Electronic Signature of Signing Officer or Director — Date