2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State
03-11-2008 90016 016 ****61.25

DOCUMENT # N50416

1. Entity Name

ARK MINISTRY, INC.

Principal Place of Business	Mailing Address
2711 S.W. 179 AVENUE MIRAMAR FL 33029 US	PO BOX 277991 MIRAMAR FL 33027-7991 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO Box 826211
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Pembroke Pines, FL
Zip / Country	Zip: 33082-6211 / Country: US

1st MOORE CR2E037 (10/07)

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
KINCAID, RON 2711 S.W. 179 AVENUE MIRAMAR FL 33029	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KINCAID, RON	NAME	
STREET ADDRESS	2711 S.W. 179 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33029	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SEYMOUR, TED	NAME	
STREET ADDRESS	3291 NE 4 AVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	
TITLE	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRICK, PAUL	NAME	
STREET ADDRESS	7720 SW 99TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KASSEES, PHIL	NAME	
STREET ADDRESS	2647 E. ATLANTIC BLVD.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	SANTIAGO DIEZ
STREET ADDRESS		STREET ADDRESS	80 SW 8 STREET, SUITE 2510
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33130
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2/28/08 954-442-3436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number