## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N95000005226 (4)

DOCUMENT #

1. Corporation Name ARK OF THE COVENANT MINISTRIES, INC.

Principal Place	of Business	Mailing Address			1 INGILIDI DIR 18181 SILIT MENT WENT SELLE		
3550 NORTHWEST 36 STREET MIAMI FL 33142		POST OFFICE BOX 998885 MIAMI FL 33299-8885					
					3. Date Incorporated or Qualified 11/03/1995 3a. Date of East Report	ort	
2. Principal Pla	ce of Business	2a. Mailing Address				ed For	
21 6075	SW 64 Street	26				pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			-			Desired S8.75 Additional Fee Required	
22		27					
City & State		City & State			6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to I	-	
23 Sout) Zip	h Miami, FL Country	Zip	Countr	·	This corporation has liability for intangible tax under s. 199.		
24 3 <u>314</u>	<u>⊢</u> , '	29	30	•	Florida Statutes Yes No		
2314	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
			81	Nam	ame		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD			82	Stre	reet Address (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE							
CORAL G	ABLES FL 33134		83	1			
			84	City	ty FL 85 Zip Cox	de	
44 Durought to	o the provisions of Sections 617 0502	and 617 1508. Florida Statutes	s, the above	named	ad corporation submits this statement for the nurrouse of changing its regist	ered office	
or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, it am							
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E- Registered Ag	ent signatu	ature required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I		
TITLE	PSTD	DELETE	1.1 TITLE		בי ב	] Addition	
NAME	SMITH, JAMES E	_	1.2 NAME		Smith, James E.		
STREET ADDRESS	3550 NORTHWEST 36 STREE	T		T ADDRÉS			
CITY - ST - ZIP	MIAMI FL 33142	DELETE	1.4 CITY -			Addition	
TITLE	D CARROON E ELBAARRIE		2.1 TITLE 2.2 NAME		D .		
NAME	WHIPPLE, EMMANUEL	<b>T</b>		T ADDRES	whipple, Emanuel		
STREET ADDRESS	3550 NORTHWEST 36 STREE	I	2 4 CHY		00/5 Southwest 64 Street		
CITY-ST-ZIP TITLE	MIAMI FL 33142 D	DEFELE	3.1 TITLE		Change D	Addition	
NAME	RAMNOTH, PEPE	μυ	3.2 NAME		D Mathic Mary A	•	
STREET ADDRESS	3550 NORTHWEST 36 STREE	τ	3.3 STRE	ET ADDRES	Mathis, Mary A. RESS 3723 Massoit Drive		
CITY-ST-ZIP	MIAMI FL 33142	•	3.4. CITY	- \$T - ZIP	Augusta, GA 30906		
TITLE		DELETE	4.1 TITLE		Tr Gwenette A. ruller	Addition	
NAME			4. 2 NAM	E	6075 Southwest 64 Street		
STREET ADDRESS			4.3 STRE	ET ADDRE	RESS South Miami, FL 33143		
CITY-ST-ZIP			4 4 CITY			Addition	
TITLE		DELETE	5.1 TITLE		S	S MODITION	
NAME			5.2 NAMI		Mattie Hall		
STREET ADDRESS				ET ADDRE	00/3 Southwest 04 Street		
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITLE		P South Miami, FL Change	Addition	
TITLE			6.2 NAM				
NAME				L Et addre	nerss i		
STREET ADDRESS			6.4 C/TY	- ST - 7/P	o de la companya de l		
14. I do hereb	by certify that the information supplied	with this filing is voluntarily furni	abad and de	oo not	ot qualify for the exemption stated in Section 119 07/3\(\)(k). Florida Statutes	I further	
14. I do hereby certify that the information supplied with this fulling is voluntarily turnished and does not be sampled on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify 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.							

SIGNATURE: À

MATTIE HALL ME OF SIGNING OFFICER OR DIRECTOR