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Jul 11 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005226 (4)**

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



Principal Place of Business <b>6075 SW 64 STREET SOUTH MIAMI FL 33143 US</b>	Mailing Address <b>POST OFFICE BOX 998885 MIAMI FL 33299-8885</b>
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>Post Office Box 1455</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <b>S. Miami Florida</b>
Zip 24	Zip 29 <b>33243</b>
Country 25	Country 30 <b>Dade</b>

3. Date Incorporated or Qualified <b>11/03/1995</b>	3a. Date of Last Report <b>03/21/1996</b>
4. FEI Number <b>65-0620416</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name <b>James E Smith</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7840 Harding Ave #12</b>
83
84 City <b>Miami Beach</b>
85 Zip Code <b>33141</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE James E Smith President James E Smith DATE \_\_\_\_\_

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES E	
STREET ADDRESS	6075 SW 64 STREET	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHIPPLE, EMANUEL	
STREET ADDRESS	6075 SW 64 STREET	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHIS, MARY A.	
STREET ADDRESS	3723 MASSOIT DRIVE	
CITY-ST-ZIP	AUGUSTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FULLER, GWENETTE	
STREET ADDRESS	6075 SW 64 STREET	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HALL, MATTIE	
STREET ADDRESS	6075 SW 64 STREET	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (9/96)