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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90022 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004801

1. Corporation Name

ARK COMMUNICATIONS NETWORK, INC.

Principal Place of Business

106 TATE COURT
ORLANDO FL 32828

Mailing Address

106 TATE COURT
ORLANDO FL 32828

5 553206 90022 23 6



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/16/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3400485

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

25

Country

29 Zip Country

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMONIC, NICHOLAS T
8280-5 PRINCETON SQUARE BLVD., WEST
JACKSONVILLE FL 32256 32216

8750 PERimeter Park Blvd.

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME CHAPARRO, NOE
STREET ADDRESS 545 MOULTRIE WELLS ROAD
CITY-ST-ZIP ST AUGUSTINE FL 32086-5449

1.1 TITLE Change Addition
1.2 NAME Rev. Alan Kelso
1.3 STREET ADDRESS 271 Wisteria Rd
1.4 CITY-ST-ZIP St. Augustine, FL 32086

TITLE D DELETE
NAME SIMONIC, NICHOLAS T
STREET ADDRESS 8280-5 PRINCETON SQUARE BOULEVARD, WEST
CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE Change Addition
2.2 NAME EDWIN L. ORTIZ
2.3 STREET ADDRESS P.O. Box 820814
2.4 CITY-ST-ZIP South Florida, FL 33082-0814

TITLE D DELETE
NAME CHAPARRO, EVELYN
STREET ADDRESS 545 MOULTRIE WELLS ROAD
CITY-ST-ZIP ST AUGUSTINE FL 32086-5449

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

3/22/99

Date Daytime Phone #

CR2E037 (1/98)