(850)

FILE NOW: FILING FEE IS \$61,25

SIGNATURE: Rev TC MOON OFFICER OF DIRECTOR

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # N9700000354 Corporation Name THE ARK, INC. Principal Place of Business Mailing Address WEST BAYLOOP ROAD WEST BAYLOOP ROAD P.O. BOX 638 FREEPORT FL 32439 P.O. BOX 638 FREEPORT FL 32439 2. Principal Place of Business 2a. Malling Address 3. Date incorporated or Qualifed 01/23/1997 21 26 Suite Apt # etc Suite Apt # etc **FFI Number** Applied For NOT APPLICABLE ✓ Not Applicable 27 22 City & State City & State \$8.75 Additional 5 Certificate of Status Desired Fee Required 28 23 Country Country Zip Zip 6. Election Campaign Financing \$5.00 May Be \Box 25 29 30 Trust Fund Contribution Added to Fees 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOON, T C 82 Street Address (P.O. Box Number is Not Acceptable) **BAYLOOP ROAD** 83 FREEPORT FL 32439 84 City 85 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13 DELETE 1.1 TITLE Change TITLE Rev. J.C. Moon Box Loof Rd. P.O. Box 868 Free port, Fl. 32439 **TAUNTON, LOUIS** NAME 1.2 NAME CR2E037 460 N JACKSON STREET ADDRES 1.3 STREET ADDRESS FREEPORT FL 32439 CMY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE REEVES, ROBERT NAME 2 2 NAME 100002796821---2 718 27TH STREET 2.3 STREET ADDRESS STREET ADDRESS -03/05/99--01122--001 NICEVILLE FL 32578 CITY-ST-ZIP 2 4 CITY-ST-2IP 本本本本行1.25 内的情况的[]Addition [] DELETE TITLE 31 TITLE MOON, DAVID NAME 3.2 NAME 1004 BLACK CREEK BLVD STREET ADDRESS 3.3 STREET ADDRESS FREEPORT FL 32439 CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE STRICTLAND, CLIFFORD 4.2 NAME **46 TOMAHAWK** STREET ADDRES 4.3 STREET ADORESS NICEVILLE FL 32578 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change ☐ Addition 51 TITLE 5.2 NAME DAVIS, DWAYNE 196 SPARKLEBERRY LANE 5.3 STREET ADORESS STR ET ADDRESS 54 CITY-ST-ZIP FREEPORT FL 32439 CREV-ST-ZIP DELETE 6.1 TITLE TITLE 6 2 NAME ALEXANDER, DELBERT 37 DON BLIZZARD RD 8.3 STREET ADDRESS STREET ADDRESS FREEPORT FL 32439 6.4 CITY-ST-ZIP CITY- ST. ZIP Thereby 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.