

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90009 018 \*\*\*\*61.25

|                                                 |                                                                                   |                                                                                                                               |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # N98000004269 ✓

1. Corporation Name

**ARK OF FAITHFUL GOSPEL BAPTIST OUTREACH MINISTRIES, INC.**

Principal Place of Business

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~

Mailing Address

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~



|                                |  |                       |  |                                                         |  |
|--------------------------------|--|-----------------------|--|---------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified                       |  |
| 21 1943-Brutock Blvd.          |  | 26 224 Sweet Bay Lane |  | 07/20/1998                                              |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.   |  | 4. FEI Number                                           |  |
| 22                             |  | 27                    |  | 59352597                                                |  |
| City & State                   |  | City & State          |  | 5. Certificate of Status Desired                        |  |
| 23 Orlando, FL                 |  | 28 Orlando, FL 32835  |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| Zip                            |  | Zip                   |  | 6. Election Campaign Financing                          |  |
| 24 32835                       |  | 29 32835              |  | <input type="checkbox"/> \$5.00 May Be Added to Fees    |  |
| Country                        |  | Country               |  | Trust Fund Contribution                                 |  |
| 25 ORANGE                      |  | 30 ORANGE             |  |                                                         |  |

9. Name and Address of Current Registered Agent

**HEADLEY, VERNELL P.**  
**224 Sweet Bay Lane**  
**Orlando, FL 32835**

10. Name and Address of New Registered Agent

|                                                       |                |
|-------------------------------------------------------|----------------|
| 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                      | PT/President           | 1.1 TITLE                                             | Vice President       |
| NAME                       | HEADLEY, VERNELL P D   | 1.2 NAME                                              | VICKSON, OTIS MACK T |
| STREET ADDRESS             | 224 Sweet Bay Lane     | 1.3 STREET ADDRESS                                    | 2215 Ravenall Avenue |
| CITY-ST-ZIP                | Orlando, FL 32835      | 1.4 CITY-ST-ZIP                                       | Orlando, FL 32811    |
| TITLE                      | Secretary              | 2.1 TITLE                                             |                      |
| NAME                       | JACKSON, ROCKEY R      | 2.2 NAME                                              |                      |
| STREET ADDRESS             | 5247 Boiling Drive     | 2.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | Orlando, FL 32808      | 2.4 CITY-ST-ZIP                                       |                      |
| TITLE                      |                        | 3.1 TITLE                                             |                      |
| NAME                       |                        | 3.2 NAME                                              |                      |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                |                        | 3.4 CITY-ST-ZIP                                       |                      |
| TITLE                      | SECRETARY              | 4.1 TITLE                                             |                      |
| NAME                       | JACKSON, ROCKEY R      | 4.2 NAME                                              |                      |
| STREET ADDRESS             | 5247 Boiling DR        | 4.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | Orlando, FL 32808      | 4.4 CITY-ST-ZIP                                       |                      |
| TITLE                      |                        | 5.1 TITLE                                             |                      |
| NAME                       |                        | 5.2 NAME                                              |                      |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |                      |
| TITLE                      | Pastor/Vernell Headley | 6.1 TITLE                                             |                      |
| NAME                       |                        | 6.2 NAME                                              |                      |
| STREET ADDRESS             | 224 Sweet Bay Lane     | 6.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | Orlando FL 32835       | 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: Pastor/Vernell Headley** **7-15-1999** **407-296-6829**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21037 (5/99)