

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000004945

1. Entity Name
A.R.K. COALITION INC.



Principal Place of Business
**5855 NORTHWEST 194TH STREET
MIAMI, FL 33015**

Mailing Address
**5855 NORTHWEST 194TH STREET
MIAMI, FL 33015**



04282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0942293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, DARRELL
2950 NE 201 TERRACE
E322
MIAMI, FL 33180**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/29/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, DARRELL
STREET ADDRESS	2950 NE 201 TERRACE E322
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	S
NAME	SIDBERRY, SONYA T
STREET ADDRESS	10605 NW 8TH STREET
CITY-ST-ZIP	PEMPROKE PINES, FL 33026
TITLE	S
NAME	SOLOMON, ROBERT
STREET ADDRESS	5855 NORTHWEST 194TH STREET
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/27/08-80070-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Darrell Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08
Date

786-417-1119
Daytime Phone #