

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000417

**Entity Name:** ARK OF FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

6648 ANDREA ROSE DRIVE  
ORLANDO, FL 32835

**Current Mailing Address:**

6648 ANDREA ROSE DRIVE  
ORLANDO, FL 32835 US

**FEI Number: 59-3613963**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INGS-JACKSON, CANDICE M  
269 MCKAY BLVD.  
SANFORD, FL 32771 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name INGS, SAMUEL B  
Address 6648 ANDREA ROSE DRIVE  
City-State-Zip: ORLANDO FL 32835

Title VD  
Name INGS-POWELL, YOLANDA  
Address 1901 YOUMANS STREET  
City-State-Zip: TIFTON GA 31794

Title SD  
Name INGS-JACKSON, CANDICE  
Address 269 MCKAY BLVD.  
City-State-Zip: SANFORD FL 32771

Title TD  
Name INGS, CRAIG L  
Address 71 DANIEL BLVD.  
City-State-Zip: BLOOMFIELD CT 06002

Title D  
Name INGS., SAMANTHA D  
Address 494 GOLDENMOSS LOOP  
City-State-Zip: OCOEE FL 34761

Title D  
Name INGS, MARISA S  
Address 511 W. CLEVELAND STREET, #418  
City-State-Zip: TAMPA FL 33606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SAMUEL B. INGS**

**PD**

**04/07/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date