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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705736 (7)

1. Corporation Name
ST. MARK'S CHURCH, INC.



Principal Place of Business Mailing Address
3395 BURNS ROAD PALM BEACH GRDNS FL 33410
3395 BURNS ROAD PALM BEACH GRDNS FL 33410-4322

3. Date Incorporated or Qualified 06/10/1963
3a. Date of Last Report 05/14/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-6491572 Applied For Not Applicable
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24. Zip Country 29. Zip Country 30. 8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ROBB, REV G KERRY
3395 BURNS ROAD
PALM BCH GRDNS, FL
33410
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, PAUL	1.2 NAME	Yackira, Roberta
STREET ADDRESS	130 PALM AVENUE, #11	1.3 STREET ADDRESS	102 Sandbourne Lane
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CAROL	2.2 NAME	Lindros, Suzanne
STREET ADDRESS	8077 DAMASCUS DRIVE	2.3 STREET ADDRESS	2614 Monaco Terrace
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	Stinnett, Linda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINNETT, LINDA	3.2 NAME	4303 Arbor Way
STREET ADDRESS	824 CINNAMON RD	3.3 STREET ADDRESS	Palm Beach Gardens, FL 33410
CITY-ST-ZIP	N PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRINO, ROBERT	4.2 NAME	Orsillo, Lucy Ann
STREET ADDRESS	1103 DUNCAN CIRCLE, #103	4.3 STREET ADDRESS	10040 Meridian Way #201
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Linda Stinnett* Linda Stinnett, Treas. 4-10-97 561-622-0956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040958

CP2E037 (9/96)