## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 705736

Corporation Name

ST. MARK'S CHURCH, INC.

Principal Place of Business								
3395 BURNS ROAD PALM BEACH GRONS FI	33410							

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

3395 BURNS ROAD

2a. Mailing Address

Suite, Apt. #, etc.

26

27

PALM BEACH GRDNS FL 33410

## FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90023 025 \*\*\*\*61.25

•

Applied For

Not Applicable

3. Date Incorporated or Qualifed

06/10/1963

59-6491572

4. FEI Number

City & State	•	City & State				5. (	Certifcate of Status Desired		\$0.13 A	I .	
23		28							Fee Req	uired	
Zip	Country	Zip	Cour	Country		6. 1	Election Campaign Financing	П	\$5.00 N		
24	25	29	30	30			Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New	Registered	Agent		
•• ••				81	Name					1	
ROBB. RE	v G Kerry			82	Street A	ddress (P.	O. Box Number is Not Accept	table)			
3395 BURNS ROAD						3100070001335 (1.01.507.001.001.001.001.001.001.001.001.001.0					
PALM BCH GRONS, FL			ĺ	83							
33410	i Gribito, i E		}	84	City	ity 85 Zip Code					
				Ī	•			FL			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Sta	tutes, the at	ove	-named co	corporation	submits this statement for the	purpose of	changing its r	egistered	
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.										Istered	
	Translate Will, and accept the congent	111	Torrace Otalia				•	2-11	- 44		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	OTE: Registered	Agent	signature req			DATE			
12.	OFFICERS AND		13.			A	DDITIONS/CHANGES TO O	FICERS AN			
TITLE	SD	☐X DELETE	1.1 717	LE		PD			Change	Addition	
NAME	YACKIRA, ROBERTA		1.2 NA	ME		Jane	Coleman				
STREET ADDRESS	102 SANDBOURNE LANE		1.3 ST	REET	ADDRESS	427	Prestwick Lar	ie .			
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CIT	Y-ST	-ZIP		Beach Garden		22410		
TITLE	VD	☐ DELETE	TE 2.1 ΤΠ			SD			☐ Chānge	Addition	
NAME	DUKE, KEITH		2.2 NA	ME		עט			Λ	. }	
STREET ADDRESS	189 E TALL OAKS CIR		2.3 ST	REET	ADDRESS					1	
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	10	2. 4 Cf	TY-SI	r-zip						
TITLE	Ť	☐ DELETE	3.1 TIT	LE	٠,	VD			Change	Addition XX	
NAME	STINNETT, LINDA		3.2 NA	ME	- 1		M. Steed		,-	AA .	
STREET ADDRESS	4303 ARBOR WAY		3.3 ST	REET			SE Windsong	Tano			
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4. Cf	TY-SI	r-zip	Stuar	+ Fl 34997	ьапе		·	
TITLE	PD	☐ DELETE	4.1 TiT	LE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME	MCANANY, ROBERT	Δ	4.2 N	WE			v				
STREET ADDRESS	10160 DAPHNE ST		4.3 ST	REET	ADDRESS		•				
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	10	4.4 CN	ry-st	-ZIP						
TITLE		☐ DELETE	5.1 TH	LE					Change	☐ Addition	
NAME			5.2 NA	ME	1		, .	•			
STREET ADDRESS			5.3 ST	REET	ADDRESS		•				
CITY-ST-ZIP			5.4 CIT	TY-ST	r-zip		· .				
TITLE		DELETE	6.1 TIT	LE					Change	☐ Addition	
NAME :			6.2 NA	ME							
STREET ADDRESS			6.3 ST	REET	ADDRESS		,				
CITY-ST-ZIP			6.4 CIT	TY-ST	r-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 appear of the corporation of the receiver or trustee empowered.

SIGNATURE:

SICOPTUNE AND TYPED OF ARRITED NAME OF SIGNING OF REER OF DIRECTOR

2-16-9

Daytime Phone #

KZEU3/ (11/96)