

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-12-2001 90419 001 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705736

1. Entity 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

33470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6491572

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBB, REV G KERRY
3395 BURNS ROAD
PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STUBBS, SID Delete
STREET ADDRESS 805 ANCHORAGE DR
CITY-ST-ZIP NORTH PALM BEACH FL 33403

TITLE SD
NAME ADKIN, SUSAN Delete
STREET ADDRESS 2 LOCHWICK RD
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE T
NAME STINNETT, LINDA Delete
STREET ADDRESS 406 NORTHLAKE
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE PD
NAME MCANANY, ROBERT Delete
STREET ADDRESS 10160 DAPHNE ST
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Change Addition
NAME CLINTON, SCOTT SR
STREET ADDRESS 265 STARLING LN N
CITY-ST-ZIP JUPITER FL 33458

TITLE V Change Addition
NAME PEREZ, ALEX
STREET ADDRESS 4144 CATALPA AVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. 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 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:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)