

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90232 048 ****61.25

0008555

DOCUMENT # 705736

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



Principal Place of Business: **3395 BURNS ROAD, PALM BEACH GRDNS FL 33410**

Mailing Address: **3395 BURNS ROAD, PALM BEACH GRDNS FL 33410**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6491572** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROBB, REV G KERRY
3395 BURNS ROAD
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **Rev. G. Kerry Robb** **4/5/03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SD NAME: WEBBER, PAM STREET ADDRESS: 312 SALINAS DRIVE CITY-ST-ZIP: PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Yackira, Roberta STREET ADDRESS: 1028 Diamond Head Way CITY-ST-ZIP: Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: STINNETT, LINDA STREET ADDRESS: 406. NORTHLAKE CITY-ST-ZIP: NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: ASLANIAN, MICHELE STREET ADDRESS: 185 THORNTON DRIVE CITY-ST-ZIP: PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Schwartz, Fred STREET ADDRESS: 101 Vision Court CITY-ST-ZIP: Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: PEREZ, ALEX STREET ADDRESS: 4144 CATALPHA AVE CITY-ST-ZIP: PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **Stinnett, Treasurer** **561-62260956**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devline Phone #

CR2E037 (10/02)