FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:56

DOCUMENT # 710482 (1)

1. Corporation Name
SAINT MARK'S METHODIST CHURCH, INC., OF INDIALAN
TIC, FLORIDA

Principal Place of Business
2030 N. HWY. A-1-A
INDIALANTIC FL 32903

Mailing Address
2030 N. HWY. A-1-A
INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0979084 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent
FLORIDA CONFERENCE
1140 E. MCDONALD ST,UNITED METHODIST CHURC
LAKELAND FL 33802

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Signature of Agent or Officer of Registered Agent and the Capacity) (NOTE: Registered Agent signature required when resigning) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, JULIAN M	1.2 NAME	
STREET ADDRESS	500 N RAMONA AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	INDIALANTIC FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WALLER, DAVID T	2.2 NAME	
STREET ADDRESS	57 HIGHLAND DR	2.3 STREET ADDRESS	
CITY, ST, ZIP	INDIALANTIC FL	2.4 CITY, ST, ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	WAVERING, GLORIA J.	3.2 NAME	
STREET ADDRESS	871 REMSEN AVENUE NW	3.3 STREET ADDRESS	
CITY, ST, ZIP	PALM BAY FL	3.4 CITY, ST, ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	MANKAMYER, HAROLD	4.2 NAME	
STREET ADDRESS	241 AVE DEL MAR	4.3 STREET ADDRESS	
CITY, ST, ZIP	INDIALANTIC FL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	COGGIN, EARL K	5.2 NAME	
STREET ADDRESS	18 SOUTH RIVERSIDE DRIE	5.3 STREET ADDRESS	
CITY, ST, ZIP	INDIALANTIC FL	5.4 CITY, ST, ZIP	
TITLE	S	6.1 TITLE	☒ Change ☐ Addition
NAME	CHURCH, JOHN M	6.2 NAME	S HUGHES DORI
STREET ADDRESS	3217 ELM TERRACE	6.3 STREET ADDRESS	117 Niemira Avenue
CITY, ST, ZIP	MELBOURNE FL	6.4 CITY, ST, ZIP	INDIALANTIC FL

DELETED BY PART 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Julian M. Foster — Julian M. Foster, President — 4/24/95 — 407/773-0721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0004496