2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90029 044 ****61.25

DOCUMENT # 710482

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

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

01192008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0979084 ☐ Applied For ☐ Not Applicable

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
FLORIDA CONFERENCE 1140 E. MCDONALD ST,UNITED METHODIST CHURC LAKELAND, FL 33802	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BARNES, MARCIA 330 CARISSA DRIVE SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Martin, Bert 106 FREDDIE STREET INDIAN HARBOUR BEACH, FL 32937	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MARTIN, CAROLYN 106 FREDDIE STREET INDIAN HARBOUR BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR KNIGHT, SHERRI 408 BRIDGETOWN CT SATELLITE BEACH, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR PACE, LOU 421 EAST RIVIERA BLVD. INDIALANTIC, FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR WILLIAMS, RON 240 ALLAN LANE MELBOURNE BEACH, FL 32951	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ROBERT, DEAN 197 ATLANTIC INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR CONDRY, BOB 471 SEAHORSE AVENUE INDIALANTIC, FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BARRY, HOOVER 1208 SEMINOLE DRIVE INDIAN HARBOUR BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C JEFFREY, LAURIE 473 RIO CASA DRIVE N INDIALANTIC, FL 32903	☐ Delete	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 exemptions contained in Chapter 119, 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: Bert Martin BERT MARTIN 1/21/08 3217730721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #