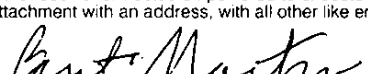


FILED
Jan 30, 2008 8:00 am
Secretary of State



DOCUMENT # 710482						Secretary of State 01-30-2008 90029 044 ****61.25	
1. Entity Name ST. MARK'S UNITED METHODIST CHURCH, INC.							
Principal Place of Business 2030 N. HWY. A-1-A INDIALANTIC, FL 32903				Mailing Address 2030 N. HWY. A-1-A INDIALANTIC, FL 32903			
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	
6. Name and Address of Current Registered Agent FLORIDA CONFERENCE 1140 E. MCDONALD ST, UNITED METHODIST CHURCH LAKELAND, FL 33802				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, 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	TR	☒ Delete		TITLE	TR	☒ Change ☒ Addition	
NAME	BARNES, MARCIA			NAME	Martin, Bert		
STREET ADDRESS	330 CARISSA DRIVE			STREET ADDRESS	106 FREDDIE STREET		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		
TITLE	TR	☒ Delete		TITLE	TR	☐ Change ☒ Addition	
NAME	MARTIN, CAROLYN			NAME	KNIGHT, SHERRI		
STREET ADDRESS	106 FREDDIE STREET			STREET ADDRESS	408 BRIDGETOWN CT		
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937			CITY-ST-ZIP	SATELLITE BEACH, FL 32937		
TITLE	TR	☒ Delete		TITLE	TR	☐ Change ☒ Addition	
NAME	PACE, LOU			NAME	WILLIAMS, RON		
STREET ADDRESS	421 EAST RIVIERA BLVD.			STREET ADDRESS	240 ALLAN LANE		
CITY-ST-ZIP	INDIALANTIC, FL 32903			CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		
TITLE	TR	☐ Delete		TITLE	TR	☐ Change ☒ Addition	
NAME	ROBERT, DEAN			NAME	CONDY, BOB		
STREET ADDRESS	197 ATLANTIC			STREET ADDRESS	471 SEAHORSE AVENUE		
CITY-ST-ZIP	INDIALANTIC, FL 32903			CITY-ST-ZIP	INDIALANTIC, FL 32903		
TITLE	TR	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	BARRY, HOOVER			NAME			
STREET ADDRESS	1208 SEMINOLE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937			CITY-ST-ZIP			
TITLE	C	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	JEFFREY, LAURIE			NAME			
STREET ADDRESS	473 RIO CASA DRIVE N			STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC, FL 32903			CITY-ST-ZIP			
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				Date: 1/21/08 321 773 0721			