2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 710831

Entity Name: SAINT MARK EVANGELICAL LUTHERAN CHURCH, DUNEDIN, FLORIDA, INC.

Current Principal Place of Business:

1120 CURLEW ROAD
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1120 CURLEW ROAD
DUNEDIN, FL 34698 US

New Mailing Address:

1120 CURLEW ROAD
DUNEDIN, FL 34698

FEI Number: 59-1259459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TITUS, RUTH
1120 CURLEW RD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TITUS, RUTH
Address: 305 LAGOON DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: TD ( ) Delete
Name: WOLF, BARBARA
Address: 1261 CORDOBA CT
City-St-Zip: DUNEDIN, FL 34698

Title: VD ( ) Delete
Name: MONFRE, MARTIN
Address: 1226 WOOD AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: SD ( ) Delete
Name: JAMES, HARRY
Address: 1523 PATRICIA AVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: HENWOOD, HELEN
Address: 2302 EATON COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE PLASKETT, OFFICE ADMINISTRATOR OA 04/29/2008

Electronic Signature of Signing Officer or Director — Date