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Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706891** (9)

1. Corporation Name

**ST. MARK'S EPISCOPAL CHURCH, INC.**

Principal Place of Business

Mailing Address

**102 NORTH NINTH ST  
P O BOX 1810  
HAINES CITY FL 33845-1314**

**102 NORTH NINTH ST  
P O BOX 1810  
HAINES CITY FL 33845-1314** *ONLY*



3. Date Incorporated or Qualified

**02/25/1964**

4. FEI Number

**59-1376793**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **P.O. Box 1810**

**22** City & State

**27** **Haines City, FL**

**23** Zip

Country

**28** **33845-1810**

**USA**

**24** Zip

Country

**29** Zip

Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGLASHON, HUGH, JR  
416 ORANGE COURT - P/O 3033  
102 NO 9TH ST. - P/O 1810  
HAINES CITY, 33845**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **OLSON, JOHN W.**  
STREET ADDRESS **928 AVE. T. SE**  
CITY-ST-ZIP **WINTER HAVEN FL**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Straub, Gary Eugene**  
1.3 STREET ADDRESS **4714 Timberland Rd.**  
1.4 CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE **D** ☐ DELETE  
NAME **KNIGHT, CHARLES**  
STREET ADDRESS **215 GOLF COURSE PARKWAY**  
CITY-ST-ZIP **DAVENPORT FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE  
NAME **COMPARATO, VIRGINIA FITZP**  
STREET ADDRESS **801 WOOD AVE. E.**  
CITY-ST-ZIP **HAINES CITY FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SWARAT, DON**  
STREET ADDRESS **14 MAPLE RUN**  
CITY-ST-ZIP **HAINES CI**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **DAVIS, MARY**  
STREET ADDRESS **309 S. 14TH STREET**  
CITY-ST-ZIP **HAINES CITY FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Secord, Charles**  
5.3 STREET ADDRESS **114 Palm Place W.**  
5.4 CITY-ST-ZIP **Haines City, FL 33844**

TITLE **DT** ☐ DELETE  
NAME **STOKES, BRIAN K.**  
STREET ADDRESS **1111 SURRY ST**  
CITY-ST-ZIP **HAINES CITY FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia Fitzpatrick Comparato*, Treasurer

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*January 16 1998 422-1416*

CR2E037 (10/97)