NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600002531

1. Corporation Name

ST. MARK PREPARATORY SCHOOL, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

1960 BRUTON BLVD ORLANDO FL 32805

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1960 BRUTON BLVD ORLANDO FL 32805

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Jul 29, 1999 8:00 am Secretary of State

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598232-90617-34 2 **

Applied For

Not Applicable



3. Date Incorporated or Qualifed

05/06/1996

59-3390414

4. FEI Number

City & Stat	City & State						5. Certificate of Status Desired					\$6.75 Additional Fee Required		
23	28										ee Rec	uirea		
Zip	Country	Zip	Zip Cour				1	Campaign Fin	ign Financing		\$5.00 May Be			
24	25	29 30					Trust Fund Contribution 10. Name and Address of New F			Added to		ded to	Fees	
	9. Name and Address of Curre	nt Registered Age	int				10. Name ai	<u>rd Address o</u>	f New R	egistered	Agent			
				81	Na	ame								
GREEN, S	AMUEL L. SR.			82	St	reet Addre	ess (P.O. Box N	lumber is Not	Accepta	ble)				
1960 BRUTON BLVD														
	FL 32805			83										
		1		84	Ci	ts.					85	Zip C	ode	
				04	''	ıty				FŁ	_ "	,	000	
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such d	hange was auth	iorized by	the	med corpo corporation	oration submits on's board of dir	this statement ectors. I hereb	t for the by accep	purpose o t the appo	changi intment	ng its r as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Re	gistered Ager	ıl sign	ature required	d when reinstating)			DATE				
12.	OFFICERS A	ND DIRECTORS		13.			ADDITION	IS/CHANGES	TO OF	FICERS A				
TITLE	PD	C) DELETE		1.1 TITLE							□ Ch	ange	Addition	
NAME	Green, Samuel L Sr.			1.2 NAME										
STREET ADDRESS	1960 BRUTON BLVD			1.3 STREET	ADD	RESS								
CITY-ST-ZIP	ORLANDO FL 32805			1.4 CITY-\$	T-ZIP									
TITLE	VPD DELETE			2.1 TITLE							☐ Ch	ange	Addition	
NAME	THOMAS, CLIFFORD			2.2 NAME		,								
STREET ADDRESS	1960 BRUTON BLVD			2.3 STREET	T ADD	RESS								
CITY-ST-ZIP	ORLANDO FL 32805			2.4 CITY-S	T-ZIF	,								
TITLE	SD		DELETE	3.1 TITLE		}					Ch	ange	Addition	
NAME	KING, PAMELA			3.2 NAME		ľ								
STREET ADDRESS	1960 BRUTON BLVD			3.3 STREE	T ADD	RESS								
CITY-ST-ZIP	ORLANDO FL 32805			3.4. CITY-S	T- ZIF	,						_		
TITLE	· 		DELETE	4,1 TITLE		ł					☐ CH	ange	Addition	
NAME				4.2 NAME		\ \								
STREET ADDRESS				4.3 STREET	T ADQ	RESS								
CITY-ST-ZIP				4.4 CITY-S	T-ZIP									
TITLE		Ĭ	DELETE	5.1 TITLE								ange	Addition	
NAME				5.2 NAME										
STREET ADDRESS				5.3 STREET	T ADD	RESS								
CITY-ST-ZIP			_	5.4 CITY-S	T-ZIP									
TITLE			DELETE	6.1 TITLE		$\neg \vdash$					□ CH	ange	Addition	
NAME	1			6.2 NAME		}								
STREET ADDRESS				6.3 STREE	T ADD	RESS								
CITY-ST-ZIP				6.4 CITY-S	T- ZIP	- 1						_	_	
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indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)[j], Florida Statutes. I further certify that the information indicated on this annual report is 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, with all other like empowered.

SIGNATURE: