

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706891

Entity Name: ST. MARK'S EPISCOPAL CHURCH, INC.**Current Principal Place of Business:**102 NORTH NINTH ST
HAINES CITY, FL 33844**Current Mailing Address:**P.O. BOX 1810
HAINES CITY, FL 33845-1810 US**FEI Number:** 59-1376793**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WITCHER, COURTLAND
102 NORTH NINTH ST
HAINES CITY, FL 33844 US*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:** COURTLAND WITCHER

06/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SR. WARDEN
Name COURTLAND , WITCHER
Address 4970 OLD LUCERN PARK ROAD
City-State-Zip: WINTER HAVEN FL 33881

Title TREASURER
Name REID, VERNON O.
Address 102 NORTH NINTH ST
City-State-Zip: HAINES CITY FL 33844

Title JR. WARDEN
Name PAYNE, CHERYL
Address 102 NORTH NINTH ST
City-State-Zip: HAINES CITY FL 33844

Title CLERK OF VESTRY
Name WILLIAMS, JOSLYN
Address 929 ANDALUSIA LOOP
DAVENPORT
City-State-Zip: FL FL 33837

Title DIRECTOR
Name SMITH, MARLON
Address 102 NORTH NINTH ST
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name FRANCIS, HEATHER
Address P.O. BOX 1810
City-State-Zip: HAINES CITY FL 33845-1810

I hereby 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 all other like empowered.

SIGNATURE: JOSLYN WILLIAMS**PARISH ADMINISTRATOR** 06/26/2018

Electronic Signature of Signing Officer/Director Detail

Date