## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002556

**Entity Name:** ST. MARKS WATERFRONTS FLORIDA PARTNERSHIP, INC.

**Current Principal  Place of Business:**

788 PORT LEON DR
ST MARKS,  FL  32355

**Current Mailing Address:**

PO BOX 161
ST MARKS,  FL  32355

**FEI Number: 27-3365534**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCMURRY, CHARLES ESQ
910 N DUVAL ST
TALLAHASSEE, FL  32303  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:

_____

Electronic Signature of Registered Agent                                                    Date

**Officer/Director Detail :**

| | | | | |
|---|---|---|---|---|
| Title | C | | Title | VC |
| Name | BISHOP, BILLY | | Name | MCNAMARA, MIKE |
| Address | PO BOX 161 | | Address | PO BOX 94 |
| City-State-Zip: | ST MARKS  FL  32355 | | City-State-Zip: | ST MARKS  FL  32355 |

| | |
|---|---|
| Title | ST |
| Name | PRIUTT, ELLEN |
| Address | PO BOX 153 |
| City-State-Zip: | ST. MARKA  FL  32327 |

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: BILLY BISHOP                                    CHAIRMAN                    03/02/2013

Electronic Signature of Signing Officer/Director Detail                                          Date