2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 705353

1. Entity Name
ST. MARK'S EPISCOPAL CHURCH FOUNDATION, INC

4UU69141

Principal Place of Business	Mailing Address
INC C/O ST MARK'S EPISCOPAL CHURCH 4129 OXFORD AVENUE JACKSONVILLE, FL 32210 US	INC C/O ST MARK'S EPISCOPAL CHURCH 4129 OXFORD AVENUE JACKSONVILLE, FL 32210 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04052007 Chg-NP CR2E037 (12/06)
City & State	City & State	**4.** FEI Number 59-0823953 / Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANN, RANDALL W C/O ST. MARK"S EPISCOPAL CHURCH 4129 OXFORD AVENUE JACKSONVILLE, FL 32210	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   4/15/07
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to** **Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	☐ Delete	TITLE	T	☐ Change	☒ Addition
NAME	WILSON, HARRY M III		NAME	Harbeson, E. Cobb		
STREET ADDRESS	2830 BETTES CIR		STREET ADDRESS	1823 Woodmere Drive		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	Jacksonville, FL. 32210		
TITLE	C	☐ Delete	TITLE	T	☐ Change	☒ Addition
NAME	MANN, RANDALL W		NAME	Baker, Ann		
STREET ADDRESS	1843 WOODMERE DR		STREET ADDRESS	4915 Morven Road		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	Jacksonville, FL 32210		
TITLE	T	☐ Delete	TITLE	T	☐ Change	☒ Addition
NAME	BAKER, JOHN D		NAME	Beard, Franklin R		
STREET ADDRESS	1870 CHALLEN AVE		STREET ADDRESS	4718 Prince Edward Road		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	Jacksonville, FL. 32210		
TITLE	T	☒ Delete	TITLE	T	☐ Change	☒ Addition
NAME	MANN, RANDALL		NAME	Berg, H. Bradford		
STREET ADDRESS	1843 WOODMERE DRIVE		STREET ADDRESS	4606 Yacht Club Road		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	Jacksonville, FL. 32210		
TITLE	C	☒ Delete	TITLE	T	☐ Change	☒ Addition
NAME	WILSON, HARRY M. III		NAME	Brown, Lila B.		
STREET ADDRESS	3830 BETTES CIRCLE		STREET ADDRESS	2358 Riverside Ave. Villa 704		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL. 32204		
TITLE	T	☐ Delete	TITLE	T	☐ Change	☒ Addition
NAME	MELNYK, DEBORAH D		NAME	Burrows, John T		
STREET ADDRESS	5015 PIRATES COVE RD		STREET ADDRESS	4635 Verona Avenue		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	Jacksonville, FL. 32210		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/15/07   904-798-9490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

ATTACHMENT

Additional Officers/Directors-St. Mark's Episcopal Church Foundation

Title	T
Name	Burrows, Nancy
Street Address	4635 Verona Avenue
City, State, Zip	Jacksonville, FL 32210

Title	T
Name	Clements, Robert
Street Address	4667 Ortega Boulevard
City, State, Zip	Jacksonville, FL 32210

Title	T
Name	Graham, Diane
Street Address	3787 Ortega Boulevard
City, State, Zip	Jacksonville, FL 32210

Title	T
Name	Hainline, T. R.
Street Address	4647 Lancelot Lane
City, State, Zip	Jacksonville, FL 32210

Title	T
Name	MacRae, Tricia
Street Address	3725 McGirts Boulevard
City, State, Zip	Jacksonville, FL 32210

Title	T
Name	Merrill, Roxie
Street Address	4575 Ortega Boulevard
City, State, Zip	Jacksonville, FL 32210

Title	T
Name	Surface, J. Frank
Street Address	4961 Morven Road
City, State, Zip	Jacksonville, FL 32210

Title	T
Name	Trimble, James W. Mrs.
Street Address	4001 Ortega Boulevard
City, State, Zip	Jacksonville, FL 32210