

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 22, 2006 8:00 am
Secretary of State**

03-22-2006 90020 035 ****61.25

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| DOCUMENT # 706202 | |  |
| 1. Entity Name SAINT MARK'S EVANGELICAL LUTHERAN CHURCH OF JACKSONVILLE, FLORIDA, INC. | | |

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| Principal Place of Business CHURCH OF JACKSONVILLE FLORIDA INC 3976 HENDRICKS AVENUE JACKSONVILLE, FL 32207 | Mailing Address 3976 HENDRICKS AVENUE JACKSONVILLE, FL 32207 US |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |
| Zip | Country |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| REITER, DON 1385 MONUMENT DR. #1007 JACKSONVILLE, FL 32225 | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AHRENS, BILL 4429 ARCH CREEK DRIVE JACKSONVILLE, FL 32257 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GUILFORD, PAT 1529 HIGHLAND FOREST DRIVE JACKSONVILLE, FL 32259 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Ryan Witti 8032 Shady Grove Road Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SNYDER, JOAN 2829 MADRID AVE EAST JACKSONVILLE, FL 32217 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REITER, DON 3976 HENDRICKS AVE. JACKSONVILLE, FL 32207 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BROWN, BARBARA 9231 SAFFRON DR. E JACKSONVILLE, FL 32257 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Ted Carter 4412 Hood Rd. Jacksonville, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TALLMAN, ROSE 11532 TRUXTON CT JACKSONVILLE, FL 32223 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-15-06 904-396-9608
Date Daytime Phone #