

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706891

1. Entity Name

ST. MARK'S EPISCOPAL CHURCH, INC.

FILED

Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90180 025 \*\*\*\*61.25

Principal Place of Business

102 NORTH NINTH ST  
P O BOX 1810  
HAINES CITY FL 33845-1314

Mailing Address

P.O. BOX 1810  
P O BOX 1810  
HAINES CITY FL 33845-1810  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1376793

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

BOLAND, REV GEOFFREY A  
1861 PENINSULAR DRIVE  
HAINES CITY FL 33844

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.

SIGNATURE

*Geoffrey A. Boland*

NO Change Requested

4/16/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D STRAUB, GARY EUGENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4714 TIMBERLAND RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE NAME	D KNIGHT, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	215 GOLF COURSE PARKWAY	
CITY-ST-ZIP	DAVENPORT FL	
TITLE NAME	DT COMPARATO, VIRGINIA FITZP	<input type="checkbox"/> Delete
STREET ADDRESS	901 WOOD AVE. E.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE NAME	D WALTER, CLIFFORD	<input type="checkbox"/> Delete
STREET ADDRESS	760 AMERICANA COURT	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE NAME	AT SECORD, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	114 PALM PLACE W.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE NAME	D PHILLIPS, DANIELLE	<input type="checkbox"/> Delete
STREET ADDRESS	112 PENINSULAR DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	

TITLE NAME	D. Olson, John W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	928 Avenue T. SE	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Geoffrey A. Boland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2002 863 422-1416

Date

Daytime Phone #

CR2E037 (9/01)