2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State
03-21-2007 90026 012 ****61.25

DOCUMENT # 706891

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

Principal Place of Business	Mailing Address
102 NORTH NINTH ST P O BOX 1810 HAINES CITY, FL 33845-1314	P.O. BOX 1810 P O BOX 1810 HAINES CITY, FL 33845-1810 US

02252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1376793 ☐ Applied For ☐ Not Applicable

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 1881 PENNINSULAR DRIVE HAINES CITY, FL 33844	Name REV. JOHN WALMSLEY Street Address (P.O. Box Number is Not Acceptable) 367 JAYBE AVENUE City DAVENPORT FL Zip Code 33897

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.

X SIGNATURE: _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECORD, CHARLES 114 PALM PL W. HAINES CITY, FL 33844	☒ Delete	D DOUG JUMP 306 S. BLVD. EAST DAVENPORT, FL 33837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTERS, CLIFFORD 760 AMERICANA CT KISSIMMEE, FL 34758	☒ Delete	D DAN STATELER N. STATE RD. 54 LOUGHMAN, FL 33858	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRUITT, DEBORAH 530 PIERSON PASS AUBURNDALE, FL 33823	☐ Delete	D. JOYE KELLY 1243 LAS BRISAS LN WINTER HAVEN, FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOKES, JEANNETTE 1012 LEONE DR HAINES CITY, FL 33844	☐ Delete	D. SALLY PHILLIPS 35 SARGENT ST. PO BOX 3344 HAINES CITY, FL 33845	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHASE, CYNDI H 33 ALTERA CT KISSIMMEE, FL 34758	☒ Delete	D SHELDON SUMNER PO BOX 1212 HAINES CITY FL 33845	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OLSON, JOHN W 928 AVE T SE WINTER HAVEN, FL 33880	☒ Delete	D DANIELLE PHILLIPS 112 PENINSULAR AVE HAINES CITY, FL 33844	☐ Change ☒ 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: Danielle Phillips 3/5/07 863 676-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # X3733