2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710831

FILED Apr 04, 2006 Secretary of State

Entity Name: SAINT MARK EVANGELICAL LUTHERAN CHURCH, DUNEDIN, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1120 CURLEW ROAD DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

1120 CURLEW ROAD DUNEDIN, FL 34698 US

FEI Number: 59-1259459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KEHLENBACH, MARYANNE

1120 CURLEW RD

DUNEDIN, FL 34698 US

CHERNES, KATHIE

1120 CURLEW RD

DUNEDIN, FL 34698 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: KATHIE CHERNES 04/04/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 KEHLENBACH, MARYANNE
 Name:
 CHERNES, KATHIE

Address: 1868 PAINTED BUNTING CIRCLE Address: 90 SYCAMORE COURT
City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Delete Title: () Change () Addition Name: WOLF, BARBARA Name:

 Name:
 WOLF, BARBARA
 Name:

 Address:
 1261 CORDOBA CT
 Address:

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 WOODWORTH, DALE
 Name:
 TITUS, RUTH

 Address:
 2183 KARAN WAY
 Address:
 305 LAGOON DRIVE

 City-St-Zip:
 CLEARWATER, FL 34683
 City-St-Zip:
 PALM HARBOR, FL 34683

Title: SD () Delete Title: () Change () Addition

 Name:
 JAMES, HARRY
 Name:

 Address:
 1523 PATRICIA AVE
 Address:

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHIE CHERNES PD 04/04/2006