2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2006
Secretary of State

DOCUMENT# 716486

Entity Name: SAN MARCO CHRISTIAN FELLOWSHIP, INCORPORATED

Current Principal Place of Business:

13949 SHIPWRECK CIRCLE NORTH
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13949 SHIPWRECK CIRCLE NORTH
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-2468361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAILLARD, AMELIA H
13949 SHIPWRECK CR. N.
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KNIGHT, EARL F,
Address: 1614 HOLLY OAKS RD
City-St-Zip: JACKSONVILLE, FL 00000,

Title: TD ( ) Delete
Name: GAILLARD, AMELIA H,
Address: 13949 SHIPWRECK CR N
City-St-Zip: JACKSONVILLE, FL 00000,

Title: D ( ) Delete
Name: HUNDLEY, JEWEL,
Address: 2189 WOODS DR E
City-St-Zip: JACKSONVILLE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KNIGHT, EARL F,
Address: 1614 HOLLY OAKS RD
City-St-Zip: JACKSONVILLE,, FL 32225

Title: TD (X) Change ( ) Addition
Name: GAILLARD, AMELIA H,
Address: 13949 SHIPWRECK CR N
City-St-Zip: JACKSONVILLE,, FL 32224

Title: D (X) Change ( ) Addition
Name: BYRD, BRUCE,
Address: P O BOX 1155
City-St-Zip: YULEE,, FL 32041

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: AMELIA H GAILLARD T/D 01/21/2006

Electronic Signature of Signing Officer or Director — Date