

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **722513** (9)

1. Corporation Name
THE EPISCOPAL CHURCH OF ST. MARK THE EVANGELIST, INC.

Principal Place of Business: **1750 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334**
Mailing Address: **1750 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1972	3a. Date of Last Report 05/01/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6031689	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRBLICH, JANE 1750 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334		10. Name and Address of New Registered Agent	
81	Name PAUL DORGER	82	Street Address (P.O. Box Number is Not Acceptable) 1750 E. OAKLAND PARK BLVD
83	City FORT LAUDERDALE	84	State FL
85	Zip Code 33334		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Paul L. Dorgier* **PAUL L. DORGER, BUSINESS OFFICER 4/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JAMES <input checked="" type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS	1256 SEMINOLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	
TITLE	CS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMS, JOYCE <input type="checkbox"/> DELETE	2.2 NAME	SW PD
STREET ADDRESS	3500 NW 7 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	JW	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HOUTD, ROBERT <input type="checkbox"/> DELETE	3.2 NAME	D
STREET ADDRESS	4141 N.W. 26TH ST. #216	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRBLICH, CHARLES <input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	4240 NE 19TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RALPH <input type="checkbox"/> DELETE	5.2 NAME	300001868723
STREET ADDRESS	2804 CORAL SHORES DR	5.3 STREET ADDRESS	-06/20/96--01019--012
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	S JANET METZ
STREET ADDRESS		6.3 STREET ADDRESS	411 N.E. 29TH STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WILTON MANORS FL 33334

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph E. Evans* **4-25-96 954-5635135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)