

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 33334-5239
--------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

3. Date Incorporated or Qualified 01/24/1972	3a. Date of Last Report 05/01/1996
4. FEI Number 59-6031689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
DORGER, PAUL
1750 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent
81 Name Robert Daugherty
82 Street Address (P.O. Box Number is Not Acceptable)
1750 E. Oakland Park Blvd.
83 Ft Lauderdale
84 City
85 Zip Code FL 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 Robert J. Daugherty, Business Officer DATE 4/22/97

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	METZ, JANET	
STREET ADDRESS	411 NE 27TH STREET	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMS, JOYCE	
STREET ADDRESS	3500 NW 7 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VAN HOUTD, ROBERT	
STREET ADDRESS	4141 N.W. 28TH ST. #216	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KRBlich, CHARLES	
STREET ADDRESS	4240 NE 19TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EVANS, RALPH	
STREET ADDRESS	2804 CORAL SHORES DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SR. WARDEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLMES, JOYCE DIRECTOR	
2.3 STREET ADDRESS	3500 NW 7th Ct	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Roth, Verna A. Treasurer	
4.3 STREET ADDRESS	6731 N.W. 88 Ave	
4.4 CITY-ST-ZIP	Ft Lauderdale, FL 33309	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	President Evans, Jr, Ralph E. DIRECTOR	
5.3 STREET ADDRESS	2804 Coral Shores Dr	
5.4 CITY-ST-ZIP	Ft Lauderdale, FL 33306	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:  DATE: 4-24-97 DAYTIME PHONE: 954-5635165

CR2E037 (9/96)