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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722513

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/24/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6031689
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent

DAUGHERTY, ROBERT
 1750 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name Shareef, Dilawar
82 Street Address (P.O. Box Number is Not Acceptable) 1750 E. Oakland Park Blvd.
83 Fort Lauderdale, Fl 33334
84 City FL
85 Zip Code

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: *[Signature]* DATE: 5/18/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	METZ, JANET	
STREET ADDRESS	411 NE 27TH STREET	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, JOYCE	
STREET ADDRESS	3500 N.W. 7TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROTH, VERRA A	
STREET ADDRESS	6731 N.W. 28 AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EVANS, JR. R E.	
STREET ADDRESS	2804 CORAL SHORES DR.	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anderson, Pamela	
1.3 STREET ADDRESS	2609 N E 22nd Street	
1.4 CITY-ST-ZIP	Fort Lauderdale Fl 33305	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Braynon, Ronald	
2.3 STREET ADDRESS	5208 NW 67th Avenue	
2.4 CITY-ST-ZIP	Lauderhill, Fl 33319	
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 5/18/99 DAYTIME PHONE #: 954-563-5155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)