## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 735057** 

City-St-Zip:

ROCKLEDGE, FL 32955

FILED Jan 28, 2007 Secretary of State

Entity Name: ST. MARK'S CHURCH						
Current Pr	incipal Place	e of Business:	New Principal Place of Business:			
4 CHURCH COCOA, FI						
Current Ma	ailing Addre	ss:	New Mailing Address:			
4 CHURCH COCOA, FI						
FEI Number:	59-0791043	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
GIBSON, T #4 CHURC COCOA, FI	H STREET	S				
The above in the State		submits this statement for the pu	rpose of changing it	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ager	nt	Date		
OFFICERS	AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( GIBSON, THOM 4 CHURCH ST COCOA, FL 33		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ALTENBURG, 701 SOLANA S	) Delete JOHN SHORES DR. #A-406 SRAL, FL 32920	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HICKMAN, MAI	MEADOWS DR.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T ( CANADA, TRAC 539 HIDDEN H MERRITT ISLA	OLLOW DR	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition N, SUSAN J DAPPLE DRIVE E, FL 32796	
Title: Name: Address:	D ( MURPHY, SER 2123 ROYAL O		Title: Name: Address:	D BORGER, \ 4889 WEXI		

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.

City-St-Zip:

ROCKLEDGE, FL 32955

SIGNATURE: THOMAS W. GIBSON 01/28/2007 D