

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735275

FILED
Apr 09, 2008
Secretary of State

Entity Name: THE ST. MARK'S PRESBYTERIAN CHURCH OF ALTAMONTE SPRINGS, FLORIDA, INC.

Current Principal Place of Business:

1021 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

1021 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-1430655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MABRY, PAT
375 BRASSIE DRIVE
LONGWOOD, FL 32750 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: P () Delete
Name: PERRY, LARRY
Address: 1517 HEIGHTS LANE
City-St-Zip: LONGWOOD, FL 32750

Title: T () Delete
Name: STRONG, SUZANNE
Address: 114 ROSE BRIAR DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: WICKERSHAM, NANCY
Address: 115 TEMPLE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Delete
Name: ROGERS, JOHN
Address: 2940 BAYHEAD RUN
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PENTECOST, TERRI
Address: 971 HOBSON STREET
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TERRI PENTECOST

P

04/09/2008

Electronic Signature of Signing Officer or Director

Date