

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 735275

FILED
Mar 28, 2003
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:

RENCHE, BILL
405 EAST ALPINE STREET
ALTAMONTE SPRINGS, FL 32701 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: MYER, LINDA S
Address: 124 COBLE COURT
City-St-Zip: LONGWOOD, FL 32779

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

Title: D () Delete
Name: CORWIN, NANCY
Address: 239 TIMBERLAND TRACE
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: STRONG, K. GARY
Address: 114 ROSE BRIAR DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: MAUK, FRED
Address: 720 BUCHER ROAD
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GORE, CAROLYN
Address: 170 HILLTOP PLACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32702

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

Title: D (X) Change () Addition
Name: SHERIDAN, BILL
Address: 652 NIGHTHAWK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA S MYER

PRES

03/28/2003

Electronic Signature of Signing Officer or Director

Date