
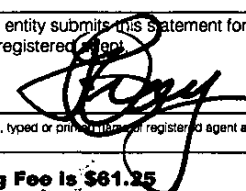
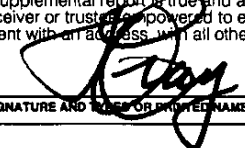


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90284 024 ****61.25

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # 746143 1. Entity Name ST. MARK AFRICAN METHODIST EPISCOPAL CHURCH, INC | | | |  | |
| Principal Place of Business 1968 BRUTON BLVD. ORLANDO, FL 32805-5136 | | | Mailing Address 1968 BRUTON BLVD. ORLANDO, FL 32805-5136 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-1973395 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GREEN, SAMUEL L SR. 1968 BRUTON BLVD. ORLANDO, FL 32805 | | | | 7. Name and Address of New Registered Agent Name Gray Terence R Street Address (P.O. Box Number is Not Acceptable) 1968 Bruton Blvd. City Orlando FL Zip Code 32805 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  DATE 4/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLECKLEY, ARTHUR 1216 MARTIN LUTHER KING DR. ORLANDO, FL 32805 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Gray, Terence R. 1968 Bruton Blvd. Orlando, FL 32805 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GREEN, SAMUEL L SR. 1968 BRUTON BLVD. ORLANDO, FL 32805 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Johnson, Elizabeth 1968 Bruton Blvd. Orlando, FL 32805 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JENKINS, MARY A 634 W. ANDERSON ST. ORLANDO, FL 32805 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Caldwell, Michael 1968 Bruton Blvd. Orlando, FL 32805 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADAMS, ERNEST JR 2001 BELAFONTE LN ORLANDO, FL 32811 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Caldwell, Michael 1968 Bruton Blvd. Orlando, FL 32805 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JENKINS, MARY A 634 W. ANDERSON ST. ORLANDO, FL 32805 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Caldwell, Michael 1968 Bruton Blvd. Orlando, FL 32805 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADAMS, ERNEST JR 2001 BELAFONTE LN ORLANDO, FL 32811 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Caldwell, Michael 1968 Bruton Blvd. Orlando, FL 32805 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  DATE 4/19/05 DAYTIME PHONE # 4074226941 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |