

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N03000006067

Entity Name: ST. MARK A.M.E. CHURCH OF CLERMONT, INC.

Current Principal Place of Business:

810 DISSTON AVENUE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

810 DISSTON AVENUE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOHN H BISHOP
101 EAST UNION STREET
SUITE 300
JACKSONVILLE, FL 32202 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: PC () Delete
Name: COLE, VICTOR D
Address: 11482 KEY BISCAYNE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: COLE, AURELIA M
Address: 491 EAST OSCEOLA STREET
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: MARINE, JULIA
Address: 804 GALENA AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: COLE, DOREATHE
Address: 591 EAST MINNEOLA AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: BLAIR, ASHLEY
Address: 11738 SOUTH HIGHWAY 561
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: ADAMS, CARL
Address: 241 CRESTVIEW DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: CARL ADAMS

D

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date