

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000010629

1. Entity Name  
ETHICMARK INSTITUTE, INC.



Principal Place of Business

10 CARRERA ST.  
AGUSTINE, FL 32084

Mailing Address

100 ARRICOLA AVE.  
SAINT AUGUSTINE, FL 32080-4515



05272005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0462878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE.  
DAYTONA BCH, FL 32115-2491

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BINNS, BETH A  
STREET ADDRESS P. O. BOX 244  
CITY-ST-ZIP WARREN CONCHES, VT 05674

TITLE D  
NAME KAY, ALAN F  
STREET ADDRESS 10 CARRERA ST.  
CITY-ST-ZIP ST. AUGUSTINE, FL 30284

TITLE D  
NAME WILSON, JEAN G  
STREET ADDRESS RT 1/BOX 198  
CITY-ST-ZIP COLUMBIA, MO 652057165

TITLE D  
NAME HENDERSON, HAZEL  
STREET ADDRESS 10 CARRERA ST.  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD0000368524  
05/31/05-80004-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Hazel Henderson, Director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/05 (904) 829-3140

Date

Daytime Phone #