

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008887

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: HIGH MARK FOUNDATION INC.

**Current Principal Place of Business:**

550 WATER STREET SUITE #1359  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

550 WATER STREET SUITE #1359  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PITTMANN, KELVIN  
1918 ELLA STREET  
JACKSONVILLE, FL 32209 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: PITTMANN, KELVIN  
Address: 1918 ELLA STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPS ( ) Delete  
Name: PITTMANN, SABRINA  
Address: 1918 ELLA STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: T ( ) Delete  
Name: GOODEN, LAWRENCE  
Address: 8286 ROCKY CREEK  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete  
Name: COLEMAN, SAMUEL 10  
Address: 5661 FORT SUMPTER #10  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Delete  
Name: GOODMAN, SHENAVIAN F  
Address: 1236 MCDUFF AVENUE S. #102  
City-St-Zip: JACKSONVILLE, FL 32254

**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:

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: KELVIN PITTMANN

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date