2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # N05000003501 1. Fatity Name 04-18-2006 90067 011 ****70.00 ST. MARK MISSIONARY BAPTIST CHURCH OF PUNTA GORDA FLORIDA, INC. Principal Place of Business Mailing Address 402 DUPONT STREET PUNTA GORDA FL 33950-4916 **402 DUPONT STREET** PUNTA GORDA FL 33950-4916 2. Principal Place of Business 3. Mailing Address 402 Dupont 54. 402 Duporit Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State GORDA Punta CondA 4. FEI Number Applied For HWYA 83-0405956 Not Applicable Zip 33950 CLARIOTTE Country \$8.75 Additional 5. Certificate of Status Desired LANOHic Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALARY, LOYD JR. 795 BAKER AVENUE Street Address (P.O. Box Number is Not Acceptable) BARTOW FL 33830 Zip Code FL 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. 3-24-06 SIGNATURE: (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition SALARY, LOYD JR. 795 BAKER AVENUE STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JONES, ROBERT NAME NAME 425 E. VIRGINIA AVENUE STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 CITY-ST-ZIP CITY-ST-ZIP JAMES W. DOV; NR JR Change TITLE TITLE Delete 9336 St. PAUL DRIVE ROOT CLARIONE CI. 38981 NAME SYLVER, PATRICK NAME STREET ADDRESS 24066 RAMPART BLVD. STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL CITY-ST-ZIP John H. Williams JE Change 514 Fitzugh AVE. PUMA GORDA FI. 33950 TITLE Addition Delete SIMPSON, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 1051 FORREST NELSON BLVD. #102 CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

FILED

3-24-06 (863) 860 0339