

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003501

FILED  
Mar 28, 2007  
Secretary of State

**Entity Name:** ST. MARK MISSIONARY BAPTIST CHURCH OF PUNTA GORDA FLORIDA, INC.

**Current Principal Place of Business:**

402 DUPONT STREET  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

402 DUPONT STREET  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 83-0405956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALARY, LOYD JR.  
795 BAKER AVENUE  
BARTOW, FL 33830 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: SALARY, LOYD JR.  
Address: 795 BAKER AVENUE  
City-St-Zip: BARTOW, FL 33830

Title: V ( ) Delete  
Name: JONES, ROBERT  
Address: 425 E. VIRGINIA AVENUE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: S ( ) Delete  
Name: DOVINE, JAMES W JR  
Address: 9336 ST. PAUL DR  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: T ( ) Delete  
Name: WILLIAMS, JOHN H JR  
Address: 514 FITZUGH AVE  
City-St-Zip: PUNTA GORDA, FL 33950

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LOYD SALARY JR.

PRES

03/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date