## **ANNUAL REPORT**

## 2007 NOT-FOR-PROFIT CORPORATION

Mailing Address

City & State

1750 E. OAKLAND PARK BOULEVARD

## **DOCUMENT # N06000000859**

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Principal Place of Business

City & State

SHAREEF, DILAWAR

1750 E. OAKLAND PARK BOULEVARD



ST. MARK'S FOUNDATION, INC.

OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

Country

6. Name and Address of Current Registered Agent

FILED Aug 03, 2007 8:00 am Secretary of State 08-03-2007 90020 038 \*\*\*\*61.25

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1750 E. OAKLAND PARK BOULEVARD OAKLAND PARK, FL 33334 Zip Code 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 re-installing) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. The Rev. Dr. Gary Hamp 5721 Coco Palm Drive Tamarac, FL 33319 TITLE Delete TITLE NAME BEDLEY, DENNIS NAME STREET ADDRESS 3130 NE 43RD STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE 👿 Delete TITLE Ms. Verra Roth Braward County off Change Addition BRIDGE, THOMAS NAME NAME STREET ADDRESS 2080 N.E. 63RD STREET STREET ADDRESS 6731 NEW 28 Avenue CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP 33309 TITLE TITLE Delete Change Addition NAME KRBLICH, CHARLES NAME 1121 E. BROWARD BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition LANGSENKAMP, KURT NAME NAME STREET ADDRESS 721 NE 44TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY - ST - ZIP ☐ Change TITLE ☐ Delete TITLE Addition REYNOLDS, DOUGLAS NAME NAME STREET ADDRESS 350 E LAS OLAS BLVD., 17TH FLOOR STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition RICKERDS, VICTORIA NAME NAME STREET ADDRESS 413 IDLEWYLD DRIVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP

Country

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NA