FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:09

DOCUMENT # N44168 (5)

1. Corporation Name
ST. MARK'S, A.C.A., INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 6994 VERO BCH. FL 32961-6994	POST OFFICE BOX 6994 VERO BCH. FL 32961-6994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1991
3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0289856 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2926 AIRPORT DRIVE	26 SAME AS ABOVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: VERO BEACH, FL	28 City & State
24 Zip: 32960 25 Country: INDIAN RIVER	29 Zip 30 Country

9. Name and Address of Current Registered Agent

SMITH, RICHARD A.
~~2926 AIRPORT DRIVE~~
2926 AIRPORT DRIVE
VERO BCH. FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Richard A. Smith
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☐ Change ☒ Addition
NAME	CLARK, ROBER C	1.2 NAME	RICHARD A SMITH	
STREET ADDRESS	1375 20TH AVENUE, SW	1.3 STREET ADDRESS	5109 EAGLE DRIVE	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	FT. PIERCE, FL	
TITLE	D	2.1 TITLE	P	☐ Change ☒ Addition
NAME	BARNES, LARRY	2.2 NAME	BETTY MC CANN	
STREET ADDRESS	1295 PALMETTO CT.	2.3 STREET ADDRESS	7000 20 A ST. # 916	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL,	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BOYD, MARY P	3.2 NAME		
STREET ADDRESS	551 INDIAN HARBOR ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHS. FL	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	WINTERS, JOHN M	4.2 NAME		
STREET ADDRESS	550 COCONUT PALM RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHS FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John M. Winters JOHN M. WINTERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0038705