

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N44168** (5)

1. Corporation Name

ST. MARK'S, A.C.A., INC.



Principal Place of Business

Mailing Address

**2926 AIRPORT DR
VERO BCH. FL 32960
US**

**POST OFFICE BOX 6994
VERO BCH. FL 32961-6994**

3. Date Incorporated or Qualified

07/03/1991

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, RICHARD A.
2915 14TH AVE 2910 Airport Dr.
VERO BCH. FL 32960**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 **P** ☐ DELETE
NAME **SMITH, RICHARD A**
STREET ADDRESS **5109 EAGLE DR**
CITY-ST-ZIP **FT PIERCE FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **PO BOX 7188, FT**
1.3 STREET ADDRESS **1690 11th PLACE**
1.4 CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE **D** ☒ DELETE
NAME **MCCANN, BETTY**
STREET ADDRESS **7000 20TH ST #916**
CITY-ST-ZIP **VERO BEACH FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **GEORGE R. SLATOR**
2.3 STREET ADDRESS **275 COCONUT PALM RD**
2.4 CITY-ST-ZIP **VERO BEACH, FL- 32963**

TITLE **D** ☐ DELETE
NAME **BOYD, MARY P**
STREET ADDRESS **551 INDIAN HARBOR ROAD**
CITY-ST-ZIP **INDIAN RIVER SHS. FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **ANN PORTER FIELD**
3.3 STREET ADDRESS **1390 NO ST. DAVID'S LANE**
3.4 CITY-ST-ZIP **VERO BEACH, FL. 32962**

TITLE **DT** ☐ DELETE
NAME **WINTERS, JOHN M**
STREET ADDRESS **550 COCONUT PALM RD**
CITY-ST-ZIP **INDIAN RIVER SHS FL**

4.1 TITLE **DT** ☐ Change ☒ Addition
4.2 NAME **WARD, MICHAEL L.**
4.3 STREET ADDRESS **1709 26th Ave**
4.4 CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **DT** ☒ DELETE
NAME **WARD, MICHAEL L.**
STREET ADDRESS **1709 26th Ave**
CITY-ST-ZIP **VERO BEACH, FL 32963**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **HUBBARD, BUCKLEY**
5.3 STREET ADDRESS **290 SEA OAK DR**
5.4 CITY-ST-ZIP **VERO BEACH, FL- 32963**

TITLE **D** ☒ DELETE
NAME **HUBBARD, BUCKLEY**
STREET ADDRESS **290 SEA OAK DR**
CITY-ST-ZIP **VERO BEACH, FL- 32963**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

[Signature]

MICHAEL L WARD

2/15/96

407 234 2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)