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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44168**

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

Principal Place of Business	Mailing Address
2710 AIRPORT DR VERO BCH. FL 32960 US	POST OFFICE BOX 6994 VERO BCH. FL 32961-6994

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	07/03/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0289856 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WARD, MICHAEL L
3055 CARDINAL DR SUITE 202
VERO BEACH FL 32963

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WATTS, FRANKLIN		1.2 NAME		
STREET ADDRESS	1776 10TH PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TIBBITS, PAT		2.2 NAME		
STREET ADDRESS	1690 11TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	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	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUBBARD, BUCKLEY		5.2 NAME		
STREET ADDRESS	290 SEA OAK DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		5.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WARD, MICHAEL L		6.2 NAME		
STREET ADDRESS	1709 26TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/4/99 561-231-0924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #