2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N44168

1. Entity Name
ST. MARK'S CHURCH OF I.R.C., INC.

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

01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0289856
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	CHENAULT, SUSAN L
STREET ADDRESS	275 DATE PALM ROAD, #601
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	GRICE, ROBERT A
STREET ADDRESS	710 CANOE TRAIL
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	DEVERELL, DAVID
STREET ADDRESS	1205 MARINA VILLAGE CIRCLE, #201
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	DT
NAME	WINTERS, JOHN M
STREET ADDRESS	1020 ST JAMES LANE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	P
NAME	WARD, MICHAEL L
STREET ADDRESS	1709 26TH AVE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000300178043
01/12/05-80008-024 61.25

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12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael L. Ward 1/6/05 772 234 8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #