

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45153

FILED
Mar 16, 2005
Secretary of State

Entity Name: SAINT MARK MISSIONARY BAPTIST CHURCH OF FORT PIERCE, INC.

Current Principal Place of Business:

921 ORANGE AVENUE
FT. PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1625
FT. PIERCE, FL 349541625 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KINCEY, HARRY
5104 MANTANZAS AVE
FT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: INGRAM, JONATHAN,
Address: 4700 JUANITA AVE
City-St-Zip: FT PIERCE, FL 34947

Title: TD () Delete
Name: ROBINSON, TERRY
Address: 2705 AVENUE R
City-St-Zip: FT PIERCE, FL 34947

Title: TD () Delete
Name: MILLER, WILLIE
Address: 2913 N. 25TH ST.
City-St-Zip: FT. PIERCE, FL 34946

Title: TD () Delete
Name: WILLIAMS, JULIUS
Address: 2706 AVENUE S
City-St-Zip: FORT PIERCE, FL 34947

Title: SD () Delete
Name: JAMES, MAGALENE
Address: 3707 AVENUE Q
City-St-Zip: FORT PIERCE, FL 34947

Title: TD () Delete
Name: KINCEY, HARRY,
Address: 5104 MANTANZAS AVE
City-St-Zip: FT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN INGRAM

PD

03/16/2005

Electronic Signature of Signing Officer or Director

Date