


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90017 046 ****61.25

DOCUMENT # N46254
 1. Entity Name
 ST. MARK BAPTIST CHURCH, INC.



Principal Place of Business
 10193 NEW BERLIN RD. E.
 JACKSONVILLE, FL 32226

Mailing Address
 10193 NEW BERLIN RD. E.
 JACKSONVILLE, FL 32226



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04192008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3083769 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

OVERSTREET, ALFRED
 RTE BOX 9147-1,
 JACKSONVILLE, FL 32226

7. Name and Address of New Registered Agent

Name ANTHONY J. NELSON
 Street Address (P.O. Box Number is Not Acceptable)
8037 REID AVE.
 City JACKSONVILLE FL Zip Code 32208

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 Anthony J. Nelson P/O DATE April 19, 08
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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVERSTREET, ALFRED RTE BOX 9147-1, JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Nelson, Anthony J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8037 B Reid Ave. Jacksonville, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNIGHT, JEFF <input checked="" type="checkbox"/> Delete 2763 SAFESHELTER DR JACKSONVILLE, FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD Graham, Erica H. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3325 International Village Ct. Jacksonville, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, JOYCE <input type="checkbox"/> Delete 3228 MEADOWLEA CIR. N JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Adams, Joyce <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3228 Meadowlea Cir. N Jacksonville, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Overstreet, Alfred Alfred <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rte Box 9147-1, Jacksonville, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anthony J. Nelson P/O DATE April 19, 08 (904) 764-9895
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #