NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:53

DOCUMENT # N94000001747 (4)

1. Corporation Name

ST. MARK EDUCATIONAL CENTER, INC.

Principal Place of Business	Mailing Address
921 ORANGE AVENUE FORT PIERCE FL 34950	921 ORANGE AVENUE FORT PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1994
3a. Date of Last Report:
4. FEI Number: 65-0440395 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

INGRAM, JONATHAN REV.
921 ORANGE AVENUE
FORT PIERCE FL 34950

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: Jonathan Ingram Jonathan Ingram - President DATE: 6/20/95
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	INGRAM, JONATHAN	12 NAME	
STREET ADDRESS	4700 JUANTIA AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34946	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WATSON, DONALD	22 NAME	
STREET ADDRESS	1556 S.E. FACULTY DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	INGRAM, DONNA	32 NAME	
STREET ADDRESS	1010 BERMUDA AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LUNA, JESUS	42 NAME	
STREET ADDRESS	2815 S. 27TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TOWNSEND, JEANETTE	52 NAME	
STREET ADDRESS	807 FRANCIS LANE	53 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SANDIFER, CHARLES LT.	62 NAME	
STREET ADDRESS	920 S. U.S. HIGHWAY 1	63 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	64 CITY-ST-ZIP	

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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: Jonathan Ingram Jonathan Ingram 6/20/95 (407) 465-7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017125