

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Page 1 of 3

FILED

05 NOV -8 PM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10192005 REIN-NP CR2E099 (6/04)

4. FEI Number  
65-0440395

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

INGRAM, JONATHAN REV.  
4700 JUANITA AVE  
FORT PIERCE, FL 34950

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Rev. Jonathan Ingram* (NOTE: Registered Agent Signature required when reinstating) DATE *11/1/05*

FILE NOW!!! FEE IS \$236.25  
After January 1, 2006, Fee will be \$297.50

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | T                       | <input type="checkbox"/> Delete |
| NAME           | SWANSON, MIKE           |                                 |
| STREET ADDRESS | 1255 SW MAPLEWOOD DR    |                                 |
| CITY-ST-ZIP    | PORT ST LUCIE, FL 34986 |                                 |
| TITLE          | VCD                     | <input type="checkbox"/> Delete |
| NAME           | ALSTON, KATIE           |                                 |
| STREET ADDRESS | 1502 N 23RD ST          |                                 |
| CITY-ST-ZIP    | FT PIERCE, FL 34950     |                                 |
| TITLE          | SD                      | <input type="checkbox"/> Delete |
| NAME           | BYRD-FARR, ETHEL        |                                 |
| STREET ADDRESS | 103 HILTON DR           |                                 |
| CITY-ST-ZIP    | FT PIERCE, FL 34950     |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | GREEN, RONNIE           |                                 |
| STREET ADDRESS | 1604 N 44TH STREET      |                                 |
| CITY-ST-ZIP    | FT PIERCE, FL 34947     |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          | Program Youth Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | P.J. McPhee            |                                                                              |
| STREET ADDRESS | 2205 N. 45th Street    |                                                                              |
| CITY-ST-ZIP    | Fort Pierce, FL 34946  |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |

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: *P.J. McPhee* P.J. McPhee DATE: *11/1/05* 772/465-7454

Page 203



## ST. MARK EDUCATIONAL CENTER

921 Orange Avenue ~ Fort Pierce, FL 34950  
(772) 465-7454 FAX (772) 465-2283

*Rev. Jonathan Ingram, Administrator*

October 10, 1005

Department of Corporations  
P.O. Box 6198  
Tallahassee, FL. 32314-6198

To whom it may concern:

I spoke with your office, and per our conversation, I am submitting this request to have the dissolution of our Corporation restored.

We are in Fort Pierce, Florida, and sustained a considerable amount of damage from two hurricanes. We are still presently operating in a trailer and some parts of our building. However, we are requesting at this time that our status be restored due to our continued services to the community as a tutoring and after school program.

Enclosed, please find a check in the amount of \$61.25 to cover the cost of this expense. Again, we say thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'P.J. McPhee', is written over a horizontal line. The signature is fluid and cursive.

P.J. McPhee Program Director

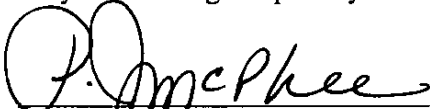
Page 3 of 3

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To whom it may concern:

We are reporting that the Corporation did not receive a report for the year of "2005" due to a considerable amount of damages sustained in the hurricane.

Thank you so very much for your support in allowing us to correct this matter, and also for your waiving the penalty fee.

A handwritten signature in black ink, appearing to read "P.J. McPhee", written over a horizontal line.

P.J. McPhee  
Program Youth Director