

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001747

FILED
Apr 04, 2007
Secretary of State

Entity Name: ST. MARKS EDUCATIONAL CENTER INC.

Current Principal Place of Business:

921 ORANGE AVENUE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

921 ORANGE AVENUE
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0440395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGRAM, JONATHAN REV.
4700 JUANITA AVE
FORT PIERCE, FL 34950 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: T () Delete
Name: SWANSON, MIKE
Address: 1255 SW MAPLEWOOD DR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VCD () Delete
Name: ALSTON, KATIE
Address: 1502 N 23RD ST
City-St-Zip: FT PIERCE, FL 34950

Title: SD () Delete
Name: BYRD-FARR, ETHEL
Address: 103 HILTON DR
City-St-Zip: FT PIERCE, FL 34950

Title: D () Delete
Name: GREEN, RONNIE
Address: 1604 N 44TH STREET
City-St-Zip: FT PIERCE, FL 34947

Title: PYD () Delete
Name: MCPHEE, P.J.
Address: 2205 N 45TH STREET
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
Name:
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 Chapter 119, 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: P.J. MCPHEE

PYD

04/04/2007

Electronic Signature of Signing Officer or Director

Date