2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N94000001747

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 (X)**

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: KINCY, HARRY
Address: 4700 JUANIT AVENUE
City-St-Zip: FORT PIERCE, FL 34946

Title: VCD ( ) Delete
Name: PRESSLEY, GREG
Address: 779 KARRIGAN TER.
City-St-Zip: FT PIERCE, FL 34983

Title: SD ( ) Delete
Name: SMITH, CARL
Address: 921 ORANGA AVENUE
City-St-Zip: FT PIERCE, FL 34950

Title: D ( ) Delete
Name: MCPHEE, P.J.
Address: 2205 N. 45TH STREET
City-St-Zip: FT PIERCE, FL 34946

Title: PYD ( ) Delete
Name: INGRAM, DONNA
Address: 1010 BURMUDA AVENUE
City-St-Zip: FT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: LOVE, DONALD
Address: 108 N.40TH STREET
City-St-Zip: FORT PIERCE, FL 34947

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

Title: SD (X) Change ( ) Addition
Name: SMITH, CARL
Address: 1103 S. 11TH
City-St-Zip: FT PIERCE, FL 34950

Title: D (X) Change ( ) Addition
Name: LEGETTE, MILDRED
Address: 111 TROPIC BLVD.
City-St-Zip: FT PIERCE, FL 34946

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

I hereby certify that the information supplied with this filing does not qualify 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: CARL SMITH SD 03/01/2009

Electronic Signature of Signing Officer or Director — Date