

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 22, 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 ()****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:**MCPHEE, PEGGIE
2205 N. 45TH STREET
FORT PIERCE, FL 34946 US

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: P.J. MCPHEE

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D () Delete
Name: LEGETTE, MILDRED
Address: 111 TROPIC BLVD.
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: PRES (X) Change () Addition
Name: WILLIAM, WILSON
Address: 8041 SE ORCHARD TERR.
City-St-Zip: HOBE SOUND, FL 33455

Title: VP (X) Change () Addition
Name: KENETRA, EDWARDS
Address: 1939 SW SCORPIO LANE
City-St-Zip: FT PIERCE, FL 34984

Title: TRES (X) Change () Addition
Name: JOHN, ROGERS SR.
Address: 10840 MELLER ROAD
City-St-Zip: FT PIERCE, FL 34950

Title: SEC (X) Change () Addition
Name: LYNN, INGRAM
Address: 2517 S. 17TH ST. BLDG. 3 UNIT 107
City-St-Zip: FT PIERCE, FL 34982

Title: ADVI (X) Change () Addition
Name: HALL, ARLEANE
Address: 5639 SUNBERRY CIRCLE
City-St-Zip: FT PIERCE, FL 34951

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: LYNN INGRAM

SEC.

04/22/2009

Electronic Signature of Signing Officer or Director

Date