

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N96000002528

Entity Name: ST. MARK FAMILY LIFE CENTER, INC.

Current Principal Place of Business:

1960 BRUTON BLVD
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1960 BRUTON BLVD
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3390416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, SAMUEL L SR.
1960 BRUTON BLVD
ORLANDO, FL 32805 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: PD () Delete
Name: GREEN, SAMUEL L SR.
Address: 1960 BRUTON BLVD
City-St-Zip: ORLANDO, FL 32805

Title: VP () Delete
Name: LAKE, EDDIE
Address: 1960 BRUTON BLVD
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: LATIMER, DAVID
Address: 1960 BRUTON BLVD
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: KLECKLEY, A J
Address: 1960 BRUTON BLVD
City-St-Zip: ORLANDO, FL 32805

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REV. DR. SAMUEL L. GREEN, SR.

PD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date