
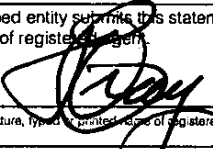



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90284 025 ****61.25

DOCUMENT # N96000002528			
1. Entity Name ST. MARK FAMILY LIFE CENTER, INC.			
Principal Place of Business 1960 BRUTON BLVD ORLANDO, FL 32805		Mailing Address 1960 BRUTON BLVD ORLANDO, FL 32805	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01062005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3390416		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREEN, SAMUEL L SR. 1960 BRUTON BLVD ORLANDO, FL 32805		Name <u>Gray, Terence R.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1960 Bruton Blvd.</u> City <u>Orlando</u> FL Zip Code <u>32805</u>	
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 		DATE <u>4/19/05</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, SAMUEL L SR.	NAME	Gray Terence R.
STREET ADDRESS	1960 BRUTON BLVD	STREET ADDRESS	1960 Bruton Blvd.
CITY-ST-ZIP	ORLANDO, FL 32805	CITY-ST-ZIP	Orlando, FL. 32805
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, EDDIE	NAME	Samuel Bostick, sr.
STREET ADDRESS	1960 BRUTON BLVD	STREET ADDRESS	1960 Bruton Blvd
CITY-ST-ZIP	ORLANDO, FL 32805	CITY-ST-ZIP	Orlando, FL. 32805
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATIMER, DAVID	NAME	
STREET ADDRESS	1960 BRUTON BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32805	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLECKLEY, A J	NAME	
STREET ADDRESS	1960 BRUTON BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32805	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 reports 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: 		DATE <u>4/19/05</u> Daytime Phone <u>407 422 6941</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	