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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000002531 (9)**

1. Corporation Name

ST. MARK PREPARATORY SCHOOL, INC.

Principal Place of Business	Mailing Address
4055 COVINGTON STREET ORLANDO FL 32811	4055 COVINGTON STREET ORLANDO FL 32811-5003

2. Principal Place of Business 21 1960 Bruton Blvd.	2a. Mailing Address 26 1960 Bruton Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FC
Zip 24 32805 Country 25 US	Zip 29 32805 Country 30

3. Date Incorporated or Qualified 05/06/1996	3a. Date of Last Report N/A
4. FEI Number 59-3390414	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

BOWEN, ANNE-MARIE L
225 E. ROBINSON STREET #540
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Samuel L. Green, Sr.
82 Street Address (P.O. Box Number is Not Acceptable) 1960 Bruton Blvd.
83
84 City Orlando FL 85 Zip Code 32805

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Samuel L. Green, Sr. 6/5/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Dir Samuel L. Green, Sr. 1960 Bruton Blvd. Orlando, FL 32805 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. President/Dir Clifford Thomas 1960 Bruton Blvd. Orlando, FL 32805 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002208992--2 -06/11/97--01089--001 ****280.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Lester Wright 1960 Bruton Blvd. Orlando, FL 32805 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition **70.00**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Dir Pamela King 1960 Bruton Blvd. Orlando, FL 32805 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 6/10/97

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual report 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 12 or Block 13 if changed, or on an attachment with an address.

6/07

Samuel L. Green, Sr. 6/5/97