

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90284 022 ****61.25

DOCUMENT # N96000002531					
1. Entity Name ST. MARK PREPARATORY SCHOOL, 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	4. FEI Number 59-3390414	
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> <u>FL</u> 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		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$87.25 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	NAME GREEN, SAMUEL L SR.	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Gray Terence R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1960 BRUTON BLVD	STREET ADDRESS 1960 Bruton Blvd				
CITY-ST-ZIP ORLANDO, FL 32805	CITY-ST-ZIP Orlando, FL 32805				
TITLE EPD	NAME LAKES, PAULA	<input checked="" type="checkbox"/> Delete	TITLE EPD	NAME Bostick Samuel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1960 BRATON BLVD	STREET ADDRESS 1960 Bruton Blvd				
CITY-ST-ZIP ORLANDO, FL 32805	CITY-ST-ZIP Orlando, FL 32805				
TITLE D	NAME LAKE, EDDIE	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Washington, Patricia	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1960 BRUTON BLVD	STREET ADDRESS 1960 Bruton Blvd				
CITY-ST-ZIP ORLANDO, FL 32805	CITY-ST-ZIP Orlando, FL 32805				
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS 				
CITY-ST-ZIP 	CITY-ST-ZIP 				
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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 4226241</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					