

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90091 004 ****70.00

DOCUMENT # N97000000761

1. Entity Name

ST. MARK CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business 8820 FIGLAND AVENUE PENSACOLA FL 32504	Mailing Address 8820 FIGLAND AVENUE PENSACOLA FL 32534-1910
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3421730		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JONES, HORACE SR. 6418 WAGNER ROAD PENSACOLA FL 32503				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, HORACE SR			NAME			
STREET ADDRESS	6418 WAGNER ROAD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, HORACE JR			NAME			
STREET ADDRESS	6418 WAGNER ROAD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GANT, ELLA RUTH			NAME			
STREET ADDRESS	110 HANCOCK LANE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, PERCY			NAME			
STREET ADDRESS	3214 NORTH ROOSEVELT STREET			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, HOSEA JR.			NAME			
STREET ADDRESS	7925 HOBART AVENUE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32534			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 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 exemption.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1-16-00 850-476-315**
 Date Daytime Phone #