


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91028 015 ****70.00

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DOCUMENT # N97000000761							
1. Entity Name THE ST. MARK CHURCH OF GOD IN CHRIST, INC.							
Principal Place of Business 57 EAST HANNAH CIRCLE PENSACOLA, FL 32534			Mailing Address 6418 WAGNER ROAD PENSACOLA, FL 32505				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite/Apt.-#-etc.				
City & State			City & State				
Zip		Country	Zip		Country		
02032004			Chg-NP		CR2E037 (10/03)		
4. FEI Number 59-3421730				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
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	Zip Code
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: <u>Horace Jones Sr</u>				DATE: <u>4-22-04</u>			
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
Filing Fee is \$61.25 Due by May 1, 2004		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 type="checkbox"/> Delete	TITLE	Pearline Jones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JONES, HORACE SR		NAME	6418 Wagner R.d			
STREET ADDRESS	6418 WAGNER ROAD		STREET ADDRESS	Pensacola, FL 32503			
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	GULLY, CHERYL		NAME				
STREET ADDRESS	7335 DUMONDE PLACE		STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 32505		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	LFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, KENNETH		NAME				
STREET ADDRESS	6218 BINENVILLE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP				
TITLE	LFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHBURG, DARYL C		NAME				
STREET ADDRESS	1315 EAST LEONARD		STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 32503		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: <u>Horace Jones Sr</u>				DATE: <u>4-22-04</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #			