

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000761

FILED  
Feb 01, 2009  
Secretary of State

Entity Name: THE ST. MARK CHURCH OF GOD IN CHRIST, INC.

**Current Principal Place of Business:**

57 EAST HANNAH CIRCLE  
PENSACOLA, FL 32534

**New Principal Place of Business:**

**Current Mailing Address:**

6418 WAGNER ROAD  
PENSACOLA, FL 32505

**New Mailing Address:**

FEI Number: 59-3421730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JONES, HORACE SR.  
6418 WAGNER ROAD  
PENSACOLA, FL 32505 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, HORACE SR  
Address: 6418 WAGNER ROAD  
City-St-Zip: PENSACOLA, FL 32505

Title: VPD ( ) Delete  
Name: JONES, HORACE JR  
Address: 6408 WAGNER ROAD  
City-St-Zip: PENSACOLA, FL 32505

Title: TD ( ) Delete  
Name: WILLIAMS, PERCY  
Address: 3214 NORTH ROOSEVELT STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: LFO ( ) Delete  
Name: JONES, KENNETH  
Address: 6218 BINENVILLE DRIVE  
City-St-Zip: PENSACOLA, FL 32505

Title: LFO ( ) Delete  
Name: PIERCE, LYNN  
Address: 1789 CONDOR DRIVE  
City-St-Zip: PENSACOLA, FL 32533

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HORACE JONES

VP

02/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date