

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90018 021 ****61.25

DOCUMENT # N98000003595

1. Entity Name
DEMARCO MINISTRY INC.



Principal Place of Business
**1505 PAGE AVE.
ORLANDO, FL 32806**

Mailing Address
**1505 PAGE AVE.
ORLANDO, FL 32806**

60046380



2. Principal Place of Business - No P.O. Box #
Same as above
Suite, Apt. #, etc.

3. Mailing Address
1505 Page Ave
Suite, Apt. #, etc.

07212008 Chg-NP CR2E037 (12/06)

City & State
Orlando, FL
Zip
32806 Country
Orange

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Orlando, FL
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4. FEI Number
59-3537424 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEMARCO, PAT
1505 PAGE AVE.
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

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 **Pat Demarco**
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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEMARCO, PAT 1505 PAGE AVE. ORLANDO, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSCARSON, CREG V 2121 SOUTH FERNCREAK AVE ORLANDO, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAGNE, RUSSELL 2420 SOUTH SHINE ST ORLANDO, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST GAGNE, LOUISE 2420 SOUTH SHINE ST ORLANDO, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSCARSON, GREG 2320 SOUTH BROWN ST ORLANDO, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John J Demarco <input type="checkbox"/> Delete Supervisor 1505 Page Ave Orlando, FL 32806

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Pat Demarco**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pat Demarco **8-3-8-2008**