

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 26, 2000 8:00 am**
Secretary of State

05-26-2000 90128 027 ****61.25

DOCUMENT # N99000002665

1. Entity Name

ST. MARK EDUCATIONAL CENTER INC.

Principal Place of Business

Mailing Address

**921 ORANGE AVE.
FT. PIERCE FL 34950****321 ORANGE AVE.
FT. PIERCE FL 34950-4186**

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

65-0440395

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****INGRAM, JONATHAN REV.
4700 JUANITA AVE.
FT. PIERCE FL 34946**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	INGRAM, JONATHAN REV.	4700 JUANITA AVE.	FT. PIERCE FL 34946	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MATTHEWS, CYNTHIA	1910 AVE. Q	FT. PIERCE FL 34946	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	INGRAM, DONNA J	1010 BERMUDA AVE.	FT. PIERCE FL 34950	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MCPHEE, P J	P.O. BOX 2837	FT. PIERCE FL 34954	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)