FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:41

DOCUMENT # P29484 (3)

1. Corporation Name
THE SOCIETY OF ST. MARK, INC.

Principal Place of Business	Mailing Address
26119 VIRGINIA DRIVE WARREN MI 48091 US	1207 POTOMAC PLACE LOUISVILLE KY 40214 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1990
3a. Date of Last Report: 02/02/1994
4. FEI Number: 38-2315098 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

5. Certificate of Status Desired ☒ — $0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FACIONE, MOST REV. FRAN	1.2 NAME	
STREET ADDRESS	1207 POTOMAC PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	ASSEMANY, AGNES E.	2.2 NAME	
STREET ADDRESS	1207 POTOMAC PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	KARGOL, TERRY A.	3.2 NAME	John M. Assemany
STREET ADDRESS	31050 SHAW DRIVE	3.3 STREET ADDRESS	1207 Potomac Place
CITY-ST-ZIP	WARREN MI	3.4 CITY-ST-ZIP	Louisville, KY 40214
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ASSEMANY, EDMOND J.	4.2 NAME	
STREET ADDRESS	1207 POTOMAC PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	PEDROSI, ALBERT	5.2 NAME	Diana L. Cichewicz
STREET ADDRESS	4206 STEPHANIE	5.3 STREET ADDRESS	34111 Garfield Circle
CITY-ST-ZIP	STERLING HGTS MI	5.4 CITY-ST-ZIP	Fraser, MI 48026
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	ELDER, THOMAS	6.2 NAME	
STREET ADDRESS	1646 STAFFORD AVE	6.3 STREET ADDRESS	Delete
CITY-ST-ZIP	LOUISVILLE KY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/17/95 (502) 368-0871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Most Rev. Francis P. Faciond

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