

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29484

(3)

1. Corporation Name

THE SOCIETY OF ST. MARK, INC.

Principal Place of Business

Mailing Address

26119 VIRGINIA DRIVE
WARREN MI 48091
US1207 POTOMAC PLACE
LOUISVILLE KY 40214-4143
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1990		3a. Date of Last Report 01/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 38-2315098		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FACIONE, MOST REV. FRAN	1.2 NAME	Most Rev. Francis P. Facione
STREET ADDRESS	1207 POTOMAC PLACE	1.3 STREET ADDRESS	1207 Potomac Place
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP	Louisville, KY 40214
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSEMANY, AGNES E.	2.2 NAME	Agnes E. Assemany
STREET ADDRESS	1207 POTOMAC PLACE	2.3 STREET ADDRESS	1207 Potomac Place
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	Louisville, KY 40214
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSEMANY, JOHN M.	3.2 NAME	
STREET ADDRESS	1207 POTOMAC PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICHEWICZ, DIANA L.	5.2 NAME	
STREET ADDRESS	34111 GARFIELD CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRASER MI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Rev. Charles P. Wolff
STREET ADDRESS		6.3 STREET ADDRESS	4340 Graston Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Louisville, KY 40216

14. I do 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 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:
Most Rev. Francis P. Facione
Chairman 2/13/97 502-368-0871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)