


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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
US**

**1207 POTOMAC PLACE
LOUISVILLE KY 40214
US**



2. Principal Place of Business		2a. Mailing Address	
21	4206 Stephanie Drive	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Sterling Hgts, MI	28	
Zip	Country	Zip	Country
24	48310	25	USA
29		30	

3. Date Incorporated or Qualified

05/22/1990

4. FEI Number

38-2315098

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ 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	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	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	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASSEMANY, JOHN M.	3.2 NAME	Patricia F. Walker
STREET ADDRESS	1207 POTOMAC PL.	3.3 STREET ADDRESS	11411 Semillon Lane
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	Louisville, KY 40272
TITLE	D	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	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICHEWICZ, DIANA L.	5.2 NAME	Diana L. Assemany
STREET ADDRESS	34111 GARFIELD CIR.	5.3 STREET ADDRESS	1207 Potomac Place
CITY-ST-ZIP	FRASER MI	5.4 CITY-ST-ZIP	Louisville, KY 40214
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, REV CHARLES P.	6.2 NAME	
STREET ADDRESS	4340 GRASTON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	6.4 CITY-ST-ZIP	

14. 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 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:

Agnes E. Assemany

Agnes E. Assemany

1/6/98

502-368-0871

CR2E037 (1097)