

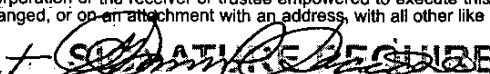
FILE NOW: FILING FEE IS \$61.25

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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90044 037 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P29484					
1. Corporation Name THE SOCIETY OF ST. MARK, INC.					
Principal Place of Business 4206 STEPHANIE DR STERLING HGTS MI 48310 US			Mailing Address 1207 POTOMAC PLACE LOUISVILLE KY 40214 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/22/1990 4. FEI Number 38-2315098 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CD	☐ DELETE			
NAME	FACIONE, MOST REV. FRAN				
STREET ADDRESS	1207 POTOMAC PLACE				
CITY-ST-ZIP	LOUISVILLE KY				
TITLE	PD	☐ DELETE			
NAME	ASSEMANY, AGNES E				
STREET ADDRESS	1207 POTOMAC PLACE				
CITY-ST-ZIP	LOUISVILLE KY 40214				
TITLE	D	☐ DELETE			
NAME	ASSEMANY, JOHN M.				
STREET ADDRESS	1207 POTOMAC PL.				
CITY-ST-ZIP	LOUISVILLE KY				
TITLE	SD	☐ DELETE			
NAME	WALKER, PATRICIA F				
STREET ADDRESS	11411 SEMILLON LANE				
CITY-ST-ZIP	LOUISVILLE KY 40272				
TITLE	D	☒ DELETE			
NAME	CICHEWICZ, DIANA L.				
STREET ADDRESS	34111 GARFIELD CIR.				
CITY-ST-ZIP	FRASER MI				
TITLE	D	☐ DELETE			
NAME	ASSEMANY, DIANA L				
STREET ADDRESS	1207 POTOMAC PLACE				
CITY-ST-ZIP	LOUISVILLE KY 40214				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	☐ Change ☐ Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	☐ Change ☐ Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	☐ Change ☐ Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	☐ Change ☐ Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	☐ Change ☐ Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	☐ Change ☐ Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Most Rev. Francis P. Facione -Chairman

Jan. 6, 1999 502-368-0871

Date Daytime Phone #

CR2E037 (11/98)