FILE NOW: FILING FEE IS $61.25

FILED
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	Mailing Address
4206 STEPHANIE DR STERLING HGTS MI 48310 US	1207 POTOMAC PLACE LOUISVILLE KY 40214 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/22/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 38-2315098 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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 _____ 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	CD	☐ DELETE	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	PD	☐ DELETE	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 40214		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ 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	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, PATRICIA F		4.2 NAME	
STREET ADDRESS	11411 SEMILLON LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40272		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ 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	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ASSEMANY, DIANA L		6.2 NAME	
STREET ADDRESS	1207 POTOMAC PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40214		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 REQUIRED Jan. 6, 1999 502-368-0871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Most Rev. Francis P. Facione -Chairman