

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29484

1. Entity Name

THE SOCIETY OF ST. MARK, INC.

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90237 021 ****70.00

Principal Place of Business

38800 VAN DYKE AVE
STE 300
STERLING HEIGHTS MI 48312
US

Mailing Address

1207 POTOMAC PLACE
LOUISVILLE KY 40214
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2315098

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD
NAME FACIONE, MOST REV. FRAN
STREET ADDRESS 1207 POTOMAC PLACE
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME ASSEMAN, AGNES E
STREET ADDRESS 1207 POTOMAC PLACE
CITY-ST-ZIP LOUISVILLE KY 40214 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ASSEMAN, JOHN M.
STREET ADDRESS 1207 POTOMAC PL
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME PERRY, KAREN
STREET ADDRESS 5300 RAYBURN RD
CITY-ST-ZIP LOUISVILLE KY 40272 ☒ Delete

TITLE
NAME Rev. Charles Wolff ☐ Change ☒ Addition
STREET ADDRESS 704 Old Harrods Creek Rd
CITY-ST-ZIP Louisville, KY 40223

TITLE D
NAME DE LA CRUZ, DIANA L
STREET ADDRESS 4632 SOUTHERN PKWY
CITY-ST-ZIP LOUISVILLE KY 40214 ☐ Delete

TITLE
NAME Diana L. Delacruz ☒ Change ☐ Addition
STREET ADDRESS 7513 Westbrook Dr
CITY-ST-ZIP Louisville, KY 40258

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Most Rev. Francis P. Facione

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

502-368-0871

Date

Daytime Phone #

CR2E037 (9/01)