2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P29484

Entity Name: THE SOCIETY OF ST. MARK, INC.

Current Principal Place of Business:

38800 VAN DYKE AVE
STE 300
STERLING HEIGHTS, MI 48312 US

New Principal Place of Business:

51285 FISCHER PARK DRIVE
SHELBY TWP., MI 48316 US

Current Mailing Address:

7103 AUSTINWOOD ROAD
LOUISVILLE, KY 40214 US

New Mailing Address:

FEI Number: 38-2315098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	FACIONE, MOST REV. FRAN P	
Address:	7103 AUSTINWOOD ROAD	
City-St-Zip:	LOUISVILLE, KY 40214 US	
Title:	PD	( ) Delete
Name:	ASSEMANY, AGNES E	
Address:	7103 AUSTINWOOD ROAD	
City-St-Zip:	LOUISVILLE, KY 40214 US	
Title:	D	( ) Delete
Name:	ASSEMANY, JOHN M.	
Address:	7103 AUSTINWOOD ROAD	
City-St-Zip:	LOUISVILLE, KY 40214 US	
Title:	D	( ) Delete
Name:	DELACRUZ, DIANA L	
Address:	6824 CRESTON DR.	
City-St-Zip:	LOUISVILLE, KY 40258 US	
Title:	D	( ) Delete
Name:	WILLIAMS, MYERS J JR	
Address:	704 OLD HARRODS CREEK RD.	
City-St-Zip:	LOUISVILLE, KY 40223 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOST REV. FRANCIS P. FACIONE CD 01/05/2007

Electronic Signature of Signing Officer or Director — Date