

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29484

FILED
Feb 24, 2009
Secretary of State

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

Current Principal Place of Business:

51285 FISCHER PARK DRIVE
SHELBY TWP., MI 48316 US

New Principal Place of Business:

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 (X) 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:

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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 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

02/24/2009

Electronic Signature of Signing Officer or Director

Date