

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744600

Entity Name: ST. MARK MISSIONARY BAPTIST CHURCH PORT TAMPA, INC.**Current Principal Place of Business:**7221 S SHERRILL
TAMPA, FL 33616**Current Mailing Address:**P.O. BOX 130401
TAMPA, FL 33681**FEI Number: 80-0672738****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**REDDISH, TYRONE W
8103 JAD DRIVE
TAMPA, FL 33619 US*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:** TYRONE W. REDDISH

01/27/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FS
Name HAYNES, SANDRA
Address 4512 WEST MCELORY AVENUE
City-State-Zip: TAMPA FL 33611

Title T
Name SMART, WILLIAM
Address 7404 O'BRIEN STREET
City-State-Zip: TAMPA FL 33616

Title S
Name MUNNS, ANNIE L
Address 3813 OKLAHOMA AVENUE
City-State-Zip: TAMPA FL 33616

Title TR
Name HAYNES, ERNEST F
Address 4512 WEST MCELROIY AVENUE
City-State-Zip: TAMPA FL 33611

Title TR
Name BOSTICK, BETTY
Address 3407 NORTH 10TH STREET
City-State-Zip: TAMPA FL 33605

Title TR
Name MYERS, RANDOLPH T SR.
Address 2704 NORTH 32ND STREET
City-State-Zip: TAMPA FL 33605

Title TR, CHAIRMAN
Name RANDOLPH, LORETTA
Address 6414 SOUTH CLARK AVENUE
City-State-Zip: TAMPA FL 33616

Title TR
Name KROUSE, JUDY
Address 4435 W. PINTOR PLACE
City-State-Zip: TAMPA FL 33611

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I hereby 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 all other like empowered.

SIGNATURE: SANDRA HAYNES**FINANCIAL SECRETARY**

01/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TR	Title	TR
Name	PRESTON, KELVEN	Name	SHERROD, AKISHA
Address	4703 LEILA AVENUE	Address	5224 HIMES AVENUE
City-State-Zip:	TAMPA FL 33616	City-State-Zip:	TAMPA FL 33611