#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001747

Entity Name: ST. MARKS EDUCATIONAL CENTER INC.

FILED
Mar 14, 2023
Secretary of State
3180329967CC

## **Current Principal Place of Business:**

921 ORANGE AVENUE FORT PIERCE. FL 34950

### **Current Mailing Address:**

921 ORANGE AVENUE FORT PIERCE, FL 34950

FEI Number: 65-0440395 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

MATTHEWS, CYNTHIA 1910 AVENUE Q FORT PIERCE, FL 34950 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: CYNTHIA MATTHEWS 03/14/2023

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	VP	Title	PRESIDENT
Name	ALEREDA, SOUTER	Name	SMITH, CARI

Address 921 ORANGE AVENUE Address 921 ORANGE AVENUE
City-State-Zip: FORT PIERCE FL 34950 City-State-Zip: FT PIERCE FL 34950

Title TRES Title SEC

Name YOUNG, NANCY S. Name LOVE, NANCY

Address 207 N. 40TH STREET Address 108 N. 40TH STREET

City-State-Zip: FT PIERCE FL 34947 City-State-Zip: FT PIERCE FL 34947

Title OFFICER Title CEO

NameSMITH, ALNameINGRAM, JONATHANAddressP.O. BOX 337Address4700 JUANITA AVENUECity-State-Zip:FORT PIERCE FL 34954City-State-Zip:FORT PIERCE FL 34946

Title DIRECTOR Title ADVISOR

NameMATTHEWS, CYNTHIA KNameMCCANTS, REGINA RAddress1910 AVENUE QAddress% 921 ORANGE AVECity-State-Zip:FORT PIERCE FL 34946City-State-Zip:FORT PIERCE FL 34950

#### Continues on page 2

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: CYNTHIA MATTHEWS DIRECTOR/REG. AGENT 03/14/2023

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title OTHER, BOARD MEMBER
Name CASTILLA, DOLORES
Address 1011 BOSTON AVENUE
City-State-Zip: FORT PIERCE FL 34950