2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001747

Entity Name: ST. MARKS EDUCATIONAL CENTER INC.

FILED Apr 28, 2025 **Secretary of State** 1556903727CC

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 04/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	PRESIDENT
Name	ALFREDA. SOUTER	Name	SMITH, CARL

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

Title SEC Title **TRES**

Name LOVE, NANCY YOUNG, NANCY S. Name

Address 108 N. 40TH STREET Address 207 N. 40TH STREET FT PIERCE FL 34947 City-State-Zip: FT PIERCE FL 34947 City-State-Zip:

Title CEO Title **OFFICER**

Name INGRAM, JONATHAN SMITH. AL Name Address 4700 JUANITA AVENUE Address P.O. BOX 337 City-State-Zip: FORT PIERCE FL 34946 FORT PIERCE FL 34954 City-State-Zip:

Title **ADVISOR** Title DIRECTOR Name

MCCANTS, REGINA R MATTHEWS, CYNTHIA K Name % 921 ORANGE AVE Address Address 1910 AVENUE Q City-State-Zip: FORT PIERCE FL 34950

City-State-Zip: FORT PIERCE FL 34946

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.

04/28/2025 SIGNATURE: CYNTHIA MATTHEWS REGISTERED AGENT

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