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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 737078

1. Corporation Name

ST. LUKE'S METROPOLITAN COMMUNITY CHURCH, INC.

Principal Place of Business

1140 S MCDUFF AVE  
JACKSONVILLE FL 32205  
US

Mailing Address

1140 S MCDUFF AVE  
JACKSONVILLE FL 32205  
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

10/20/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2424920

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, REV FRANKYE A  
343 W FIFTH ST  
JACKSONVILLE FL 32206

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  DELETE  
NAME HENSLEY, PAM  
STREET ADDRESS 1854 KILLARN CIRCLE  
CITY-ST-ZIP MIDDLEBURG FL 32068

1.1 TITLE SD  Change  Addition  
1.2 NAME Diane Bocher  
1.3 STREET ADDRESS 1018 Lamboll Avenue  
1.4 CITY-ST-ZIP Jacksonville, FL 32205

TITLE VD  DELETE  
NAME CHRISTIAN, PRESTON JR  
STREET ADDRESS 5521 CABOT DR N  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE VD  Change  Addition  
2.2 NAME Marie Lamb  
2.3 STREET ADDRESS 1071 Cherry Street  
2.4 CITY-ST-ZIP Jacksonville, FL 32205

TITLE TD  DELETE  
NAME WALDRON, TERRY  
STREET ADDRESS 1730 DAVIDSON FARM ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32218

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DPCM  DELETE  
NAME WHITE, FRANKYE A.  
STREET ADDRESS 343 W. 5TH ST.  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frankye A. White* SIGNATURE REQUIRED *Frankye A. White, President 4/29/99 (904) 389-7726*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)