

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90013 035 ****61.25

DOCUMENT # 737078

1. Entity Name

ST. LUKE'S METROPOLITAN COMMUNITY CHURCH, INC.

P



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1140 S MCDUFF AVE
 JACKSONVILLE FL 32205
 US

1140 S MCDUFF AVE
 JACKSONVILLE FL 32205
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2424920

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *Rev. Frankye A. White*

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

5490 Anchor Lane

City *Jacksonville*

FL

Zip Code *32207*

8. 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

Frankye A. White

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

(NOTE: Registered Agent signature required when reinstating)

September 12, 2000

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALDRON, TERRY 1730 DAVIDSON FARM ROAD JACKSONVILLE FL 32218	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCM WHITE, FRANKYE A. 343 W. 5TH ST. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOCHER, DIANE 1018 LAMBOLL AVE JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMB, MARIE 1071 CHERRY STREET JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Paul Gajda 9224 Starpass Drive Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCM Frankye White 5490 Anchor Lane Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S William Solomon 3202 Remington Street Jacksonville, FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stephen Jones 126 E. Eighteenth Street Jacksonville, FL 32206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (5/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frankye A. White* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 12, 2000

Date

904-389-7726

Daytime Phone #