2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P05000022500

Entity Name: ST. LUKE'S LIFE CENTER, INC.

Current Principal Place of Business:

910 W QUINCY ST
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

910 W QUINCY ST
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 20-2325766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, ARTHUR L SR
910 W QUINCY ST
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, ARTHUR L SR
Address: 910 W QUINCY ST
City-St-Zip: LAKELAND, FL 33815

Title: VD ( ) Delete
Name: JOHNSON, CLARISE
Address: 910 W QUINCY ST
City-St-Zip: LAKELAND, FL 33815

Title: D ( ) Delete
Name: DAVIS, KAY A
Address: 910 W QUINCY ST
City-St-Zip: LAKELAND, FL 33815

Title: D ( ) Delete
Name: ENGLISH, ROBERT
Address: 624 CRESCENT HIOLLS PLACE
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: HOSKINS, ARTHUR J
Address: 715 TEXAS AVE
City-St-Zip: LAKELAND, FL 33815

Title: D ( ) Delete
Name: GREGORY, JESSIE
Address: 2923 N MARTHA AVE
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW GREER CEO 04/22/2009

Electronic Signature of Signing Officer or Director Date