FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 703085

(1)

THE CATHEDRAL CHURCH OF ST. LUKE, INC.

Principal Place of Business Mailing Address						T I DETILI TODIN ODING TANK BRIDI ONDE ON THE BURI DIGH ROOM REAL DIGH HOUSE					
130 N. MAGNOLIA AVE. P. O. BOX 2328 ORLANDO FL 32801			F	130 N. MAGNOLIA AVE. P. O. BOX 2328 ORLANDO FL 32801							
								3. Date Incorporated or Qualified 10/27/1976 3a. Date of Last Report 04/26/1995			
2. Principal Place of Business 21				2a. Mailing Address				FO 0004074	Applied For Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$8.75 Ad	\$8.75 Additional		
22				27				i b. Cenucaie or Sianus Desireo III :	5. Certificate of Status Desired Fee Required		
City & State				City & State				6. Election Campaign Financing \$5.00 M	6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution Added to Fees			
Zip		Country	1	Zip	Countr			8. This corporation has liability for intangible tax under s. 199.032,			
24]	25 and Address of Curre	29	tored Agent	red Agent			Florida Statutes Yes X No	Florida Statutes Li Yes 20 No 10. Name and Address of New Registered Agent			
	B. Maille 6	ina Address of Cure	HIL Negis	neren Agent		B1	Name				
LODE III						B2		Ψ .			
LOBS, III R 336 OAK ESTATES DRIVE							Street	eet Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32806						В3		<u> </u>			
OHEND	0 1 5 05000	,									
						84	City	FL 85 Zp Co	de		
11. Pursuant t	to the provisio	ns of Sections 617.050	02 and €i1	7.1508, Florida Statute	s, the abo	ve-r	named co	corporation submits this statement for the purpose of changing its regist	tered office		
or register familiar wit	ed agent, or b th, and accept	oth, in the State of Flo t the obligations of Se	rida. Suci ction 617.	n cnange was autnonze .0503, Florida Statutes.	a by the (corp	oration's	s board of directors. I hereby accept the appointment as registered age	nt. I am		
SIGNATURE	\mathcal{A}_{l}	()	-in	•				4/30/96			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re						logislated Agont signature required when reinstalling) DATE					
12.	OFFICERS AND		ND DIREC			3.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	D CUNNINGHAM, JUDITH			_				[] Change [Addition		
STREET ADDRESS				1.2 N			ADDDCOD.				
CITY-ST-ZIP	ORLANDO FL					I STREET ADDRESS I CITY-ST-ZIP					
TITLE	TD			DELETE			1-ZIP	Change	Addition		
NAME	EGERTON, CHARLES H.				2.2 NAM			John M. Stewart			
STREET ADDRESS					2.3 ST		ADDRESS				
City-St-ZIP	ORLANDO FL				2.4C			nter Park FL 32789-5124			
TITLE	D			DELETE	TE 3.1 TITI			Change] Addition		
NAME	DOWNS, SALLY				3.2 NA			Marcie N. Simmons			
STREET ADDRESS				3.3 S		TREET	ADDRESS	· - · · · · · · · · · · · · · · · · · ·	,		
CITY-ST-ZIP	ORLANDO FL			3.4.0		(TY-5	ST-ZIP	Maitland, FL 32751	j		
TITLE	PD		DELETE	4.1 TITLE			☐ Change] Addition			
NAME	HOWE, JOHN W			4.28		AME			ļ		
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	ORLAND	ORLANDO FL			4.4 CITY-ST-ZIP						
TITLE				5.1 1			Change] Addition			
NAME					5.2 N						
STREET ADDRESS							ADDRESS				
CITY-S1-ZIP TITLE	1-617			DELETE	DELETE 6.1 TIT		I-ZIP	Change] Addition		
NAME					6.2 N				ו אטוווטא נ		
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP							T-ZIP				
					0.40		1 4.11	1			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

Details 19.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Fl

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