

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703085** (1)

1. Corporation Name

**THE CATHEDRAL CHURCH OF ST. LUKE, INC.**

Principal Place of Business

Mailing Address

**130 N. MAGNOLIA AVE.  
P. O. BOX 2328  
ORLANDO FL 32801**

**130 N. MAGNOLIA AVE.  
P. O. BOX 2328  
ORLANDO FL 32801-2302**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/27/1976</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-0624374</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOBS, III R  
336 OAK ESTATES DRIVE  
ORLANDO FL 32806**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

*H. Richard Lobbs III*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/97**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUNNINGHAM, JUDITH</b>		1.2 NAME	<b>Robert Borders</b>	
STREET ADDRESS	<b>2118 RIVER PARK BLVD</b>		1.3 STREET ADDRESS	<b>1416 Iceway Dr.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>		1.4 CITY-ST-ZIP	<b>Orlando FL 32810</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEWART, JOHN M</b>		2.2 NAME	<b>Judith Neumyer</b>	
STREET ADDRESS	<b>354 HENKEL CIRCLE</b>		2.3 STREET ADDRESS	<b>3508 Marston Dr.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>		2.4 CITY-ST-ZIP	<b>Orlando FL 32812</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, MARCIE N.</b>		3.2 NAME	<b>Marilyn Lang</b>	
STREET ADDRESS	<b>2080 GERONIMO TRAIL</b>		3.3 STREET ADDRESS	<b>816 S. Summerlin</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>		3.4 CITY-ST-ZIP	<b>Orlando FL 32806</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWE, JOHN W</b>		4.2 NAME		
STREET ADDRESS	<b>1017 E. ROBINSON ST.</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

*H. Richard Lobbs III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/97**  
Date

**407-849-0680**  
Daytime Phone # 0018031

CR2E037 (9/96)