

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90186 007 ****61.25

DOCUMENT # 703085

1. Corporation Name

THE CATHEDRAL CHURCH OF ST. LUKE, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/27/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-0624374

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 ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

24 25

29 30

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

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

(NOTE: Registered Agent signature required when reinstating)

5/6/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BORDERS, ROBERT
STREET ADDRESS 1416 LEEWAY DR
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Petersen, Leon
1.3 STREET ADDRESS 4708 Waterwitch Point Dr.
1.4 CITY-ST-ZIP Orlando, FL 32806-7823

TITLE TD ☐ DELETE
NAME NEUMYER, JUDITH
STREET ADDRESS 3508 MARSTORI DR
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LANG, MARILYN
STREET ADDRESS 816 S SUMMERLIN
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Cunningham, Judith
3.3 STREET ADDRESS 2118 River Park Blvd.
3.4 CITY-ST-ZIP Orlando, FL 32817

TITLE PD ☐ DELETE
NAME HOWE, JOHN W
STREET ADDRESS 1017 E. ROBINSON ST.
CITY-ST-ZIP ORLANDO 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99
Date

317-3740 ext 5903
Daytime Phone #

CR2E037 (1/98)