

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91396 050 ****61.25

DOCUMENT # 703085

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0624374**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

G. R. Lobs

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

8723 Cocoplum Place

Orlando

City

FL

Zip Code

32827

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

G. R. Lobs

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **LANG, MARILYN**
STREET ADDRESS **816 S SUMMERLIN AVE**
CITY-ST-ZIP **ORLANDO FL 32806-1356**

TITLE **TD** ☐ Delete
NAME **BOWYER, JAMES**
STREET ADDRESS **900 LIVE OAK ST**
CITY-ST-ZIP **MAITLAND FL 32751-5709**

TITLE **D** ☒ Delete
NAME **HATCHER, MARION**
STREET ADDRESS **908 ALBA DR**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **PD** ☐ Delete
NAME **HOWE, JOHN W**
STREET ADDRESS **1017 E. ROBINSON ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Pottinger, Dann**
STREET ADDRESS **1105 Woodland St**
CITY-ST-ZIP **Orlando, FL 32806**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Simmons, Marcie**
STREET ADDRESS **875 Lennore Ct.**
CITY-ST-ZIP **Orlando, FL 32812**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

407-849-0680

Daytime Phone #

CR2E037 (10/02)