

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704623 (8)
1. Corporation Name
ST. LUKE BAPTIST CHURCH, INC.



Principal Place of Business: 1790 N W 55TH STREET MIAMI FL 33142
Mailing Address: 1790 N W 55TH STREET MIAMI FL 33142

3. Date Incorporated or Qualified: 10/03/1962
3a. Date of Last Report: 01/30/1995
4. FEI Number: 05-0037208
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: WALLACE, WILLIAM, 1032 NW 35TH ST, MIAMI FL 33127
10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL).

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: WALLACE, WILLIAM STREET ADDRESS: 1032 NW 35TH ST CITY-ST-ZIP: MIAMI, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: WILLIAMS, WILLIE STREET ADDRESS: 1351 N.W. 56TH STREET CITY-ST-ZIP: MIAMI, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: POOLE, JOHNNIE STREET ADDRESS: 14521 PIERCE ST CITY-ST-ZIP: MIAMI, FL 00000	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WHITEHEAD, PLENTY STREET ADDRESS: 1341 N.W. 87TH ST. CITY-ST-ZIP: MIAMI, FL 00000	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: CHESTER, SHIRLENE STREET ADDRESS: 2831 N.W. 173RD TERR. CITY-ST-ZIP: MIAMI, FL 00000	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: EASLEY, MICHAEL STREET ADDRESS: 14630 NE 5TH COURT CITY-ST-ZIP: NORTH MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)