

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 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 # 704623 (8)**  
1. Corporation Name  
**ST. LUKE BAPTIST CHURCH, INC.**



Principal Place of Business <b>1790 N W 55TH STREET MIAMI FL 33142</b>	Mailing Address <b>1790 N W 55TH STREET MIAMI FL 33142-3036</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>05-0037208</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
3. Date Incorporated or Qualified <b>10/03/1962</b>		3a. Date of Last Report <b>01/31/1996</b>	

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
<b>WALLACE, WILLIAM</b> <b>1032 NW 35TH ST</b> <b>MIAMI FL 33127</b>				<b>81</b> Name			
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
				<b>83</b>			
				<b>84</b> City	<b>FL</b>	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALLACE, WILLIAM			1.2 NAME	EDWARD LEWIS, JR		
STREET ADDRESS	1032 NW 35TH ST			1.3 STREET ADDRESS	1501 N.E. MIAMI GARDENS DRIVE		
CITY-ST-ZIP	MIAMI, FL 00000			1.4 CITY-ST-ZIP	MIAMI, FL 33179		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, WILLIE			2.2 NAME	LEVY, ADAMS		
STREET ADDRESS	1351 N.W. 56TH STREET			2.3 STREET ADDRESS	4500 NW 45 STREET		
CITY-ST-ZIP	MIAMI, FL 00000			2.4 CITY-ST-ZIP	MIAMI, FL 33127		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POOLE, JOHNNIE			3.2 NAME	POOLE, JOHNNIE		
STREET ADDRESS	14521 PIERCE ST			3.3 STREET ADDRESS	1324 N.W. 70 STREET		
CITY-ST-ZIP	MIAMI, FL 00000			3.4 CITY-ST-ZIP	MIAMI, FL 33147		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITEHEAD, PLENTY			4.2 NAME	HILL, CORINE		
STREET ADDRESS	1341 N.W. 87TH ST.			4.3 STREET ADDRESS	690 N.W. 60 STREET		
CITY-ST-ZIP	MIAMI, FL 00000			4.4 CITY-ST-ZIP	MIAMI, FL 33127		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHESTER, SHIRLENE			5.2 NAME	ROLLE, RUTH		
STREET ADDRESS	2831 N.W. 173RD TERR.			5.3 STREET ADDRESS	7733 N.W. 14 PLACE		
CITY-ST-ZIP	MIAMI, FL 00000			5.4 CITY-ST-ZIP	MIAMI, FL 33147		
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EASLEY, MICHAEL			6.2 NAME	JENKINS, WOODROW		
STREET ADDRESS	14630 NE 5TH COURT			6.3 STREET ADDRESS	2931 N.W. 70 TERRACE		
CITY-ST-ZIP	NORTH MIAMI FL			6.4 CITY-ST-ZIP	Miami, FL 33147		

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: William Wallace 1-19-97

CR2E037 (9/96)