

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>1780 N W 55TH STREET MIAMI FL 33142</b>	Mailing Address <b>1790 N W 55TH STREET MIAMI FL 33142</b>
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3. Date Incorporated or Qualified <b>10/03/1962</b>		
4. FEI Number <b>05-0037208</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. 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. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code <b>FL</b>

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>1032 NW 35TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, WILLIE</b>	2.2 NAME	
STREET ADDRESS	<b>1351 N.W. 56TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POOLE, JOHNNIE</b>	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>1324 NW 70TH ST</b>	3.3 STREET ADDRESS	<b>LEWIS, EDWARD JR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>1501 NE MIAMI GARDENS DRIVE</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>MIAMI, FL 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITEHEAD, PLENTY</b>	4.2 NAME	<b>ADAMS, LEVV</b>
STREET ADDRESS	<b>1341 N.W. 87TH ST.</b>	4.3 STREET ADDRESS	<b>1100 NW 45 street</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	4.4 CITY-ST-ZIP	<b>Miami, fl 33127</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHESTER, SHIRLENE</b>	5.2 NAME	
STREET ADDRESS	<b>2831 N.W. 173RD TERR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EASLEY, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>14830 NE 5TH COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	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.

SIGNATURE: Willie Williams 1/18/98

CR2E037 (10/97)