FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 704623

ST. LUKE BAPTIST CHURCH, INC.

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90079 031 ****61.25

							_			
Principal Place of Business Mailing Address				_						
1790 N W 55TI		1790 N W 55TH STREET				1 100 HI 100 HO 100 HO 101 PINIO PINIO	1 888	EN ENERG GREG	ALGER GROW REGE	
MIAMI FL 3314		MIAMI FL 33142								
William 1 & 55174						I 380050 10000 OBOO BEGIN DEGLE BEGIN	1880	IN DION MAIN	NININ BENNI 1801	
		_								
Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifo	ed			
21						10/03/1962				
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number			Applied For	
27						05-0037208			Not Applicable	
City & State City & State						5. Certifcate of Status Desired			Additional	
23 28									Required	
Zip	Country	Zip	ip Country						\$5.00 May Be	
24	25	29 3	10			Trust Fund Contribution			d to Fees	
	9. Name and Address of Curren	t Registered Agent		_		10. Name and Address of Nev	w Registered	Agent		
			8	1 1	Name					
WALLACE, WILLIAM				2	Street Addres	ss (P.O. Box Number is Not Acce	ptable)		,	
1032 NW 35TH ST										
MIAMI FL 33127				3		,				
Managar I E	W127		84	1	City			85 Zi	p Code	
			8	" '	City		FL	_ -		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the abov	ve-r	named corpor	ration submits this statement for t	he purpose o	f changing	ts registered	
- office or a	to the provisions of Sections 617,050, egistered agent, or both, in the State of familiar with, and accept the obligations.	ot Florida. Slich chande was aut	inonzea o	v un	e corporation	's board of directors. I hereby ac	cept the appo	intment as	registered	
}	m tattiliat with, and accept the obliga-	dons of, Section 617.0505, Florid				•			:	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Ag	ent si	signature required w	when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO	OFFICERS A	ND DIREC	ORS IN 12	
TITLE	D	☐ DELETE 1.1 T				,		Chang	e 🔲 Addition	
NAME	WALLACE, WILLIAM		1.2 NAME				,	•		
STREET ADDRESS	1032 NW 35TH ST		1.3 STRE	ETAL	DORESS	•			,	
CITY-ST-ZIP	MIAMI, FL 00000		1,4 CITY-	ST-Z	ZIP		÷			
TITLE	ST	☐ DELETE	2.1 TITLE	_				Chang	e 🔲 Addition	
NAME	WILLIAMS, WILLIE		2.2 NAME							
1	1351 N.W. 56TH STREET		2.3 STRE		ODRESS			- ,	• • •	
STREET ADDRESS	MIAMI, FL 00000		2.4 CITY		ì				\	
CITY-ST-ZIP	T T	☐ DELETE	3.1 TITLE		ZIF			[] Chang	e Addition	
TITLE	LEMME EDMAADD I		3.2 NAME					-		
NAME	LEWIS, EDWARD J	r-	l l		DDGE66					
STREET ADDRESS	1501 NE MIAMI GARDENS DRIV	/C	3.3 STRE					·		
CITY-ST-ZiP	MIAMI FL 33179	DELETE	3.4. CITY-		ZIP	· · · · · · · · · · · · · · · · · · ·		Chang	e	
TITLE	D	C) DELETE	4.1 TITLE					ر ماسان		
NAME	WHITEHEAD, PLENTY		4. 2 NAM						II.	
STREET ADDRESS	1341 N.W. 87TH ST.		4.3 STRE	ET AL	DDRESS					
CITY-ST-ZiP	MIAMI, FL 00000		4.4 CITY-	_	ZIP			F105	A	
TITLE	S	☐ DELETÉ	5.1 TITLE					Chang	e Addition	
NAME	CHESTER, SHIRLENE		5.2 NAME							
STREET ADDRESS	2831 N.W. 173RD TERR.		5.3 STRE	_	•					
CITY-ST-ZIP	MIAMI, FL 00000		5.4 CITY-		ZIP		:	-		
	n	M DELETE	6.1 TITLE					Chang	e 🔲 Addition !	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

EASLEY, MICHAEL

NORTH MIAMI FL

14630 NE 5TH COURT