

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90051 048 \*\*\*\*61.25

DOCUMENT # **704623**  
 1. Entity Name

**ST. LUKE BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**1790 N.W. 55th STREET**  
**MIAMI, FLORIDA 33142**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. P.O. BOX 505  
 Suite, Apt. #, etc.  
 City & State MIAMI, FL, 33142 City & State MIAMI, FL  
 Zip Country 33142 U.S.A.

4. FEI Number **650096891** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WILLIAM WALLACE**  
**1032 N.W. 32 ST.**  
**MIAMI, FL. 33127**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PASTOR</b> <input type="checkbox"/> Delete <b>WOODROW JENKINS, JR.</b> <b>1010 N.W. 11th ST #305</b> <b>MIAMI, FL. 33136</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PRESIDENT</b> <b>ALDIN EVERETTE</b> <b>1175 N.W. 63rd ST</b> <b>MAIMI, FL. 33150</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TREASURER</b> <b>EDDIE LEWIS</b> <b>1501 NE MIAMI GARDENS DR #242</b> <b>MIAMI, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DIRECTOR</b> <b>MOSES JOHNSON</b> <b>8910 N.W. 34 AVE RD</b> <b>MIAMI, FL 33147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CLERK/SECRETARY</b> <b>REGINA NEELY</b> <b>1952 N.W. 153rd ST.</b> <b>MIAMI, FL 33054</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DIRECTOR</b> <b>WILLIE WILLIAMS</b> <b>1351 N.W. 56th ST</b> <b>MIAMI, FL 33142</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William Wallace  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)