

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90195 036 ****61.25

0065708

DOCUMENT # 704623

1. Entity Name

ST. LUKE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1790 NW 55TH ST.
 MIAMI FL 33142

PO BOX 505
 MIAMI FL 33142
 US

DU101002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0037208

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, WILLIAM
 1032 NW 35TH ST
 MIAMI FL 33127

Name **Pirity Lee Jackson**

Street Address (P.O. Box Number is Not Acceptable)

2331 N.W. 55 Terr

City **Miami**

FL

Zip Code **33142**

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: Pirity Lee Jackson Pirity Lee Jackson 8-11-02
Signature, typed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, WOODROW JR 1010 NW 11TH ST #305 MIAMI FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, WILLIE 1351 N.W. 56TH STREET MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTER, ANNIE S 2831 NW 173 TR MIAMI FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MOSES 8910 NW 34 AVE RD MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS NEELY, REGINA 1952 NW 153RD ST MIAMI FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERETTE, ALDIN 1175 NW 63RD ST MIAMI FL 33150	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Trustee Board Pirity Lee Jackson 2331 N.W. 55 Terr Miami	<input checked="" type="checkbox"/> Change <input checked="" 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: Pirity Lee Jackson Pirity Lee Jackson 8-11-02 (305)302-4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (9/01)