

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAY -4 PH 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704623
1. Entity Name
ST. LUKE BAPTIST CHURCH, INC.



Principal Place of Business
1790 NW 55TH ST
MIAMI, FL 33142

Mailing Address
PO BOX 505
MIAMI, FL 33142 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



11042004 REINSTATEMENT

4. FEI Number
05-0037208

MRS

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LANE, ETTA
1551 NW 132 ND STREET
MIAMI, FL 33-1670

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
REINSTATEMENT 04-05
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Etta Lane* *2-28-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOD WILLIAMS, WILLIE <input type="checkbox"/> Delete 1010 NW 11TH STREET MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTED CHESTER, ANNIE S <input type="checkbox"/> Delete 2831 NW 173RD TERR MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MOSES <input checked="" type="checkbox"/> Delete 8910 NW 34 AVE RD MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS NEELY, REGINA <input type="checkbox"/> Delete 2029 NW 87TH STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERETTE, ALDIN <input type="checkbox"/> Delete 1175 NW 63RD ST MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANE, ETTA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1551 NW 132 ST MIAMI FL 33167 Financial Secretary
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 500055200645 05/24/05--01076--008 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500055200645 05/24/05--01076--009 **\$175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700043068367 11/30/04--01054--003 **\$61.25
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: *Etta Lane Etta Lane* *11-21-04 3056967222*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #