


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90198 018 \*\*\*\*70.00

**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

City & State

Zip Country Zip Country

4. FEI Number **05-0037208**

Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**JACKSON, PIRTY L  
2331 NW 55 TERR  
MIAMI FL 33142**

7. Name and Address of New Registered Agent  
Name **Etta Lane**  
Street Address (P.O. Box Number is Not Acceptable)  
**1551 N.W. 132nd Street**  
City **Miami** FL Zip Code **33167**

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* DATE **02/09/03**

Signature, typed or printed 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTB JACKSON, PIRTY L 2331 NW 55 TERR MIAMI FL 33142 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERETTE, ALDIN 1175 NW 63RD ST MIAMI FL 33150 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signing Officer/Director Woodrow C. Jenkins, Jr. 1010 N.W. 11th Street #505 Miami, fl 33136 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTB, D. Chester, Annie S. 2831 N.W. 173rd Terr. Miami, FL 33056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS Sandra Tarver 2029 N.W. 87th Street Miami, FL 33147 <input type="checkbox"/> Change <input checked="" 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: *Woodrow C. Jenkins, Jr.* **REQUIRED** Woodrow C. Jenkins, Jr. 2/07/03 (305)696-7322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)