


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 709016 1. Entity Name ST. LUKE A.M.E. CHURCH, INCORPORATED	
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Principal Place of Business 2709-N 25TH ST TAMPA, FL 33605	Mailing Address 2709-N 25TH ST TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 70-9016392	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURKE, MARCUS H JR 2709 N. 25TH STREET TAMPA, FL 33605

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, MARILYN C 2110 WARNELL ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCRAY, SHIRL 2310 FOURTH AVE TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JAMES, EARL 3606 RIVER GROVE DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, CURTISS 3117 18TH AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DEBORAH 2905 E HOWELL AVE TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, MARCUS H JR 2709 N. 25TH STREET TAMPA, FL 33605

1100000293334
04/08/05-80024-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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: <u>Pastor M. H. Burke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/3/05 813.248.6753 <small>Date Daytime Phone</small>
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