

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711307

1. Entity Name

SAINT LUKE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

859 MAGNOLIA AVENUE
DAYTONA BEACH FL 32014-4157

Mailing Address

859 MAGNOLIA AVENUE
DAYTONA BEACH FL 32014-4157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DUKES, PRIESLEY
225 KEECH ST
DAYTONA BCH FL 32015

7. Name and Address of New Registered Agent

Name

ALBERT JONES

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

520 S. MARTIN LUTHER KING BLVD

City

DAYTONA

FL

Zip Code

32114

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

ALBERT JONES HEAD DECON

DATE

02-02

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 DS ☐ Delete

NAME BRYANT, MARIE
STREET ADDRESS 235 S FRANKLIN ST
CITY-ST-ZIP DAYTONA BEACH FL

TITLE DT ☐ Delete

NAME LONG, MARSHALL
STREET ADDRESS 917 LOCKHART STREET
CITY-ST-ZIP DAYTONA BEACH FL

TITLE DT ☒ Delete

NAME DUKES, PRIESTLY
STREET ADDRESS 225 KEECH STREET
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition

NAME ALBERT JONES
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ALBERT JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90098 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)