



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 <i>CHURCH</i>		3. Mailing Address <i>CHURCH</i>		<div style="font-size: 2em; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">05 SEP 23 PM 2:50</div> <div style="font-size: 0.8em; margin-top: 10px;"> SECRET TALLAHASSEE, FLORIDA </div> 	
Suite, Apt. #, etc. <i>859 MAGNOLIA AVE</i>		Suite, Apt. #, etc. <i>859 MAGNOLIA AVE</i>			
City & State <i>DAYTONA BEACH, FLA.</i>		City & State <i>DAYTONA BEACH, FLA.</i>			
Zip <i>32114</i>		Zip <i>32114</i>			
4. FEI Number 05-0000760				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, ALBERT 520 S. MARTIN LUTHER KING BLVD. DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 <i>Albert Jones</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>09-15-05</i>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DS	<input type="checkbox"/> Delete			
NAME	BRYANT, MARIE				
STREET ADDRESS	235 S FRANKLIN ST				
CITY - ST - ZIP	DAYTONA BEACH, FL				
TITLE	DT	<input type="checkbox"/> Delete			
NAME	LONG, MARSHALL				
STREET ADDRESS	917 LOCKHART STREET				
CITY - ST - ZIP	DAYTONA BEACH, FL				
TITLE	DT	<input type="checkbox"/> Delete			
NAME	JONES, ALBERT				
STREET ADDRESS	520 S MARTIN LUTHER KING BLVD.				
CITY - ST - ZIP	DAYTONA BEACH, FL 32014				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Albert Jones</i> ALBERT JONES 09-15-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					