

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90004 021 \*\*\*\*70.00

**DOCUMENT # 711307**

1. Entity Name  
**SAINT LUKE MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business  
**859 MAGNOLIA AVENUE  
(CHURCH)  
DAYTONA BEACH, FL 32114**

Mailing Address  
**859 MAGNOLIA AVENUE  
(CHURCH)  
DAYTONA BEACH, FL 32114**

**50026591**



2. Principal Place of Business

**859 magnolia Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**859 magnolia Ave**  
Suite, Apt. #, etc.

07172006 Chg-NP CR2E037 (4/06)

City & State

**Daytona Beach, FL**

City & State

**Daytona Beach, FL**

4. FEI Number  
**05-0000760**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

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  
**DS  
BRYANT, MARIE  
235 S FRANKLIN ST  
DAYTONA BEACH, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DT  
LONG, MARSHALL  
917 LOCKHART STREET  
DAYTONA BEACH, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DT  
JONES, ALBERT  
520 S MARTIN LUTHER KING BLVD.  
DAYTONA BEACH, FL 32014** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-23-06**