FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730771** **(3)**

1. Corporation Name

ST. LUKE MISSIONARY BAPTIST CHURCH OF KISSIMMEE, INC.

Principal Place of Business	Mailing Address
400 E COLUMBIA ST. BOX 422304 KISSIMMEE FL 32742-9304	400 E COLUMBIA ST. BOX 422304 KISSIMMEE FL 32742-9304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/24/1974**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **10-0163737** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EVANS, JOHN A.
30 ADAMS AVENUE
400 E. COLUMBIA STREET
KISSIMMEE FL 32741

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☑ Change ☐ Addition
NAME	STEWART, DAVID	1.2 NAME	LEWIS, HENRY	
STREET ADDRESS	2819 B C LEOD RD	1.3 STREET ADDRESS	1813 TAHITI PLACE	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	KISSIMMEE, FL	
TITLE	DT	2.1 TITLE		☑ Change ☐ Addition
NAME	BRACK, WALTER	2.2 NAME	LOMAX, RONALD C	
STREET ADDRESS	305 E BARN ST	2.3 STREET ADDRESS	305 LESESNE ST.	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, JASPER	3.2 NAME		
STREET ADDRESS	1914 N BRACK STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, JOHN A SR	4.2 NAME		
STREET ADDRESS	30 ADAMS AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W. G. Evans Sr. 4-26-95 (407) 933-9309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000007