FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **09/24/1974**
3a. Date of Last Report: **05/01/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

CHAGE of Adress

10. Name and Address of New Registered Agent

81 Name: JOHN A. EVANS, SR
82 Street Address (P.O. Box Number is Not Acceptable): 13356 FALCON POINTE DR.
83:
84 City: ORLANDO. **FL** 85 Zip Code: 32837

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, HENRY		1.2 NAME	
STREET ADDRESS	1813 TAHITI PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOMAX, RONALD C		2.2 NAME	
STREET ADDRESS	305 LESESNE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, JOHN A SR		4.2 NAME	
STREET ADDRESS	~~30 ADAMS AVE~~ 13356 FALCON POINTE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	~~KISSIMMEE FL~~ ORLANDO, FL 32837		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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)(k), 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: Ronald Lomax Ronald Lomax 05/29/96 (407) 847-6053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #