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May 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 32742-8304

400 E COLUMBIA ST.
BOX 422304
KISSIMMEE FL 32742-8304

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/24/1974

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

JOHN A. EVANS, SR.
13356 FALCON POINTE DR.
400 E. COLUMBIA STREET
ORLANDO FL 32741

81 Name

Henry Lewis

82 Street Address (P.O. Box number is Not Acceptable)

1813 Tahiti Place

84 City

Kissimmee

FL

85 Zip Code

34741

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

Henry Lewis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D LEWIS, HENRY
1813 TAHITI PLACE
KISSIMMEE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DT LOMAX, RONALD C
305 LESENE STREET
KISSIMMEE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BRYANT, JASPER
1914 N BRACK STREET
KISSIMMEE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P EVANS, JOHN A. S
13356 FALCON POINTE DR.
ORLANDO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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 A. S. Evans*

4/20/98

407.947-2633

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