2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 730771

1. Entity Name
ST. LUKE MISSIONARY BAPTIST CHURCH OF KISSIMMEE, INC.

Principal Place of Business	Mailing Address
400 E COLUMBIA ST. KISSIMMEE, FL 34744	PO BOX 451630 KISSIMMEE, FL 34745-1630

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01142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
10-0163737
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, HENRY N
1813 TAHITI PLACE
KISSIMMEE, FL 34744

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CM
NAME	LEWIS, HENRY N
STREET ADDRESS	1813 TAHITI PLACE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	DT
NAME	LOMAX, RONALD C
STREET ADDRESS	305 LESESNE STREET
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	DT
NAME	HOOKER, JAMES
STREET ADDRESS	307 DICKSON ST
CITY-ST-ZIP	KISSIMMEE, FL 34742
TITLE	PD
NAME	MCKINNIE, JOHNNY M REV
STREET ADDRESS	3513 BEAU CHENE DR
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	D
NAME	CHAPPELL, LEONARD
STREET ADDRESS	2884 FLORIDA AVE
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D
NAME	STEWART, DAVID
STREET ADDRESS	1734 36TH ST
CITY-ST-ZIP	ORLANDO, FL 32805

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02/24/06-80002-002 70.00

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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: Ronald Lomax 01/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #