


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 730771 |  |
| 1. Entity Name ST. LUKE MISSIONARY BAPTIST CHURCH OF KISSIMMEE, INC. | |

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| Principal Place of Business 400 E COLUMBIA ST. KISSIMMEE, FL 34744 | Mailing Address PO BOX 451630 KISSIMMEE, FL 34745-1630 |
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01092007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 10-0163737 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CM LEWIS, HENRY N 1813 TAHITI PLACE KISSIMMEE, FL 34744 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT LOMAX, RONALD C 305 LESESNE STREET KISSIMMEE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT HOOKER, JAMES 307 DICKSON ST KISSIMMEE, FL 34742 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCKINNIE, JOHNNY M REV 3513 BEAU CHENE DR KISSIMMEE, FL 34746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAPPELL, LEONARD 2884 FLORIDA AVE KISSIMMEE, FL 34741 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEWART, DAVID 1734 36TH ST ORLANDO, FL 32805 |

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| <p>U00000589020 01/17/07-80095-025 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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.

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| SIGNATURE:  | 01/09/07 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |