

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 400 E COLUMBIA ST. KISSIMMEE, FL 34744	Mailing Address PO BOX 451630 KISSIMMEE, FL 34745-1630
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01232008 No Chg-NP CR2E037 (4/06)

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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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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02/14/09-80021-025 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: Johnny McKinnie Johnny McKinnie 1/31/08 (407)847-8348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #