

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

DOCUMENT # **736249** (4)

1. Corporation Name

**ST. LUKE'S FREE WILL BAPTIST CHURCH, INC.**

50 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

910 WEST QUINCY STREET  
LAKELAND FL 33801

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LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1976

3a. Date of Last Report

04/27/1994

4. FEI Number

59-1697427

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

**\$68.75** Supplemental  
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS KAY D  
1130 EAST LIME STREET APT. 8  
LAKELAND FL 33801

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Kay D Davis*

APRIL 27, 1995

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DWIGHT, MARION
STREET ADDRESS	6334 TIMUCUANS DR
CITY - ST - ZIP	LAKELAND, FL 00000
TITLE	PD
NAME	JOHNSON, ARTHUR L., SR.
STREET ADDRESS	910 W. QUINCY ST.
CITY - ST - ZIP	LAKELAND, FL 00000
TITLE	SD
NAME	DAVIS, KAY D
STREET ADDRESS	1130 EAST LIME STREET APT. 8
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	<del>STONE, KAY D</del>
STREET ADDRESS	<del>1233 W. 8TH STREET XX</del>
CITY - ST - ZIP	<del>LAKELAND FL</del>
TITLE	VD
NAME	JOHNSON, CLARISE
STREET ADDRESS	34 MISTY MEADOW LANE
CITY - ST - ZIP	MULBERRY FL
TITLE	D
NAME	HOSKINS, ARTHUR
STREET ADDRESS	715 NORTH TEXAS AVENUE
CITY - ST - ZIP	LAKELAND FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D SANDERS, ANNIE P.
4.3 STREET ADDRESS	1517 YEOMANS PATH
4.4 CITY - ST - ZIP	LAKELAND, FL. 33809
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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: *D. Kay Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. KAY DAVIS  
SECRETARY

(813) 686-7455

APRIL 27, 1995

Date

(Typed Name)