

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # 736249 (4)

1. Corporation Name
ST. LUKE'S FREE WILL BAPTIST CHURCH, INC.



Principal Place of Business: **910 WEST QUINCY STREET LAKELAND FL 33801**
Mailing Address: **910 WEST QUINCY STREET LAKELAND FL 33801**

3. Date Incorporated or Qualified: **06/30/1976**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a.	Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
		30	Country

4.	FEI Number	Applied For
	59-1697427	<input type="checkbox"/> Not Applicable
5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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: *D. Kay Davis* APRIL 24, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	DWIGHT, MARION
STREET ADDRESS	6334 TIMUCUANS DR
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	JOHNSON, ARTHUR L., SR.
STREET ADDRESS	910 W. QUINCY ST.
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	DAVIS, KAY D
STREET ADDRESS	1130 EAST LIME STREET APT. 8
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SANDERS, ANNIE P
STREET ADDRESS	1517 YEOMANS PATH
CITY-ST-ZIP	LAKELAND FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	JOHNSON, CLARISE
STREET ADDRESS	34 MISTY MEADOW LANE
CITY-ST-ZIP	MULBERRY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HOSKINS, ARTHUR
STREET ADDRESS	715 NORTH TEXAS AVENUE
CITY-ST-ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 119.07(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* **D.KAY DAVIS SECRETARY** (941) 686-7455 APRIL 24, 1996
Signature and typed or printed name of signing officer or director Date Day/Time Phone #

CR2E037 (12/95)