


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736249 (4)**  
 1. Corporation Name  
**ST. LUKE'S FREE WILL BAPTIST CHURCH, INC.**



Principal Place of Business <b>910 WEST QUINCY STREET LAKELAND FL 33801</b>	Mailing Address <b>910 WEST QUINCY STREET LAKELAND FL 33801</b>
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3. Date Incorporated or Qualified <b>06/30/1976</b>	
4. FEI Number <b>59-1697427</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DWIGHT, MARION</b>
STREET ADDRESS	<b>6334 TIMUCUANS DR</b>
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, ARTHUR L., SR.</b>
STREET ADDRESS	<b>910 W. QUINCY ST.</b>
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIS, KAY D</b>
STREET ADDRESS	<b>1214 PROVIDENCE RD</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SANDERS, ANNIE P</b>
STREET ADDRESS	<b>1517 YEOMANS PATH</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, CLARISE</b>
STREET ADDRESS	<b>34 MISTY MEADOW LANE</b>
CITY-ST-ZIP	<b>MULBERRY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOSKINS, ARTHUR</b>
STREET ADDRESS	<b>715 NORTH TEXAS AVENUE</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>

**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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 1/29/98 (941) 686-7455

CP2E037 (10/97)