

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90041 001 ****70.00

DOCUMENT # 736249

1. Entity Name

ST. LUKE'S MINISTRIES, INC.

Principal Place of Business

**910 WEST QUINCY STREET
 LAKELAND FL 33801**

Mailing Address

**910 WEST QUINCY STREET
 LAKELAND FL 33801**

B0048285



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1697427

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, D. KAY A
 910 W. QUINCY STREET
 LAKELAND FL 33815**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, SHANNA	
STREET ADDRESS	5109 GREENGLEN LANE	
CITY-ST-ZIP	LAKELAND FL 33811	
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	1214 PROVIDENCE RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, NATHANIEL	
STREET ADDRESS	5109 GREENGLEN LANE	
CITY-ST-ZIP	LAKELAND FL 33811	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. KAY A. DAVIS

4/30/01

863-686-7455

Date

Day/Time Phone #

CR2E037 (10/00)