

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2002 8:00 am
Secretary of State

UBR 1/09

DOCUMENT # 736249

1. Entity Name

ST. LUKE'S MINISTRIES, INC.

04-05-2002 90001 047 ****70.00

Principal Place of Business

Mailing Address

**910 WEST QUINCY STREET
 LAKELAND FL 33801**

**910 WEST QUINCY STREET
 LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1697427

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Delete
NAME	HOSKINS, ARTHUR	
STREET ADDRESS	715 NORTH TEXAS AVENUE	
CITY-ST-ZIP	LAKELAND FL	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER, BARETTA	
STREET ADDRESS	7914 CHEYENNE LANE	
CITY-ST-ZIP	LAKELAND FL 33810	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02

Date

863-686-7455

Daytime Phone #

CR2E037 (9/01)