

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# 736249

Entity Name: ST. LUKE'S MINISTRIES, INC.

Current Principal Place of Business:

910 WEST QUINCY STREET
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

910 WEST QUINCY STREET
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 59-1697427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, SR., ARTHUR L
910 W. QUINCY STREET
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOSKINS, SR., ARTHUR J
Address: 715 TEXAS AVE
City-St-Zip: LAKELAND, FL 33811

Title: PD () Delete
Name: JOHNSON, SR., ARTHUR L
Address: 34 MISTY MEADOW LANE
City-St-Zip: MULBERRY, FL 33860

Title: SD () Delete
Name: DAVIS, KAY D
Address: 1214 PROVIDENCE RD
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: LUCAS, SHELA
Address: 3532 LORI LANE
City-St-Zip: LAKELAND, FL 33805

Title: VD () Delete
Name: JOHNSON, CLARISE
Address: 34 MISTY MEADOW LANE
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: GREGORY, JESSIE
Address: 2923 N MARTHA AVE
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GREGORY, JESSIE
Address: 3366 IMPERIAL MANOR WAY
City-St-Zip: MULBERRY, FL 33860

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. KAY DAVIS

SD

04/14/2009

Electronic Signature of Signing Officer or Director

Date