FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736725 (3)

1. Corporation Name
ST. LUKE'S EPISCOPAL CHURCH, INC.

Principal Place of Business	Mailing Address
HWY 54, WEST OF HWY 41 PO BOX 896 LAND O LAKES FL 34639	21021 HWY 54 LAND O LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 05-0039006 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Hwy. 54, West of 41	26 21021 Hwy 54
Suite, Apt. #, etc. 22 P. O. Box 896	Suite, Apt. #, etc. 27
City & State 23 Land O'Lakes, Fl	City & State 28 Land O'Lakes, Fl
Zip / Country 24 34639 / 25 Pasco	Zip / Country 29 34639 / 30 Pasco

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BONOAN, RAYNALD 18638 LIVINGSTON AVE. LUTZ FL 33549	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BONOAN, RAYNALD	1.2 NAME	
STREET ADDRESS	18688 LIVINGSTON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCALLISTER, DAVID	2.2 NAME	
STREET ADDRESS	8142 QUAIL HOLLOW BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, FRANK	3.2 NAME	
STREET ADDRESS	P.O. BOX 698 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL 34639	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	BROOKS, HUBERT	4.2 NAME	Serfes, Harry
STREET ADDRESS	30312 LAURELWOOD LANE	4.3 STREET ADDRESS	2524 Casa Drive
CITY-ST-ZIP	WEST CHAPEL FL 33543	4.4 CITY-ST-ZIP	New Port Richy, Fl. 34655
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HESS, JOHN	5.2 NAME	
STREET ADDRESS	1700 RYAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BATTERSBY, LORRAINE	6.2 NAME	
STREET ADDRESS	2963 LAKE SAXON DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL 34639	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)(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: _____ 949-5794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RAYNALD J BONOAN

0668814