

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **736725** (3)

1. Corporation Name

ST. LUKE'S EPISCOPAL CHURCH, INC.



Principal Place of Business

Mailing Address

**HWY 54 WEST OF 41
P O BOX 896
LAND O LAKES FL 34639
US**

**21021 HWY 54
LAND O LAKES FL 34639
US**

3. Date Incorporated or Qualified
09/01/1976

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Hwy 54 West of 41

26 P.O. Box 896

4. FEI Number
05-0039006

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Land O' Lakes, FL

28 Land O' Lakes, FL

Zip

Country

Zip

Country

24 34639

25 Pasco

29 34639

30 Pasco

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 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

Signature, typed or printed name of 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** ☐ DELETE
NAME **BONOAN, RAYNALD**
STREET ADDRESS **18638 LIVINGSTON AVE**
CITY-ST-ZIP **LUTZ FL 33549**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☐ DELETE
NAME **MCCALLISTER, DAVID**
STREET ADDRESS **8142 QUAIL HOLLOW BLVD.**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **T** ☒ DELETE
NAME **DAVIS, FRANK**
STREET ADDRESS **P.O. BOX 698 N/A**
CITY-ST-ZIP **LAND O'LAKES FL 34639**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE **D** ☒ DELETE
NAME **SERFES, HARRY**
STREET ADDRESS **2524 CASA DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY F**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **HESS, JOHN**
STREET ADDRESS **1700 RYAN DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **BATTERSBY, LORRAINE**
STREET ADDRESS **2963 LAKE SAXON DR.**
CITY-ST-ZIP **LAND O LAKES FL 34639**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 19.04639, 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: **Raynald Bonoan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 813-949-5794

CR2E037 (12/95)