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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736725** (3)

1. Corporation Name

ST. LUKE'S EPISCOPAL CHURCH, INC.

Principal Place of Business

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

Mailing Address

**P O BOX 896
LAND O LAKES FL 34639-0896
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

29
Zip

30
Country

3. Date Incorporated or Qualified
09/01/1976

3a. Date of Last Report
04/25/1996

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

9. Name and Address of Current Registered Agent

**BONOAN, RAYNALD
18638 LIVINGSTON AVE.
LUTZ FL 33549**

10. Name and Address of New Registered Agent

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]
Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-97

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BONOAN, RAYNALD**
STREET ADDRESS **18638 LIVINGSTON AVE**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE **T** ☒ DELETE
NAME **PENTON, DEBRA**
STREET ADDRESS **1803 BLIND POND AVE**
CITY-ST-ZIP **LUTZ FL**

TITLE **D** ☒ DELETE
NAME **LOGAN, LAURENCE**
STREET ADDRESS **3939 FIELDGREEN PLACE**
CITY-ST-ZIP **LAND O LAKES FL**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **T Lisa Moates**
3.3 STREET ADDRESS **5617 Rick Dr.**
3.4 CITY-ST-ZIP **Zephyrhills, FL 33541**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D Art Severn**
4.3 STREET ADDRESS **1130 Fox Chapel Dr.**
4.4 CITY-ST-ZIP **Lutz, FL 33549**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D Hubert Brooks**
5.3 STREET ADDRESS **16602 Jardinera DeAvila**
5.4 CITY-ST-ZIP **Tampa, FL 33613**

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

14. I do 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 certified 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 change of name or address.

SIGNATURE

[Signature]

3-18-97

CR2E037 (9/96)