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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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

Mailing Address

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

**P O BOX 898
LAND O LAKES FL 34639
US**

3. Date Incorporated or Qualified

09/01/1976

4. FEI Number

05-0039006

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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 **MOATES, LISA**
STREET ADDRESS **5617 RICK DR**
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **D** ☒ DELETE
NAME **SEVERN, ART**
STREET ADDRESS **1130 FOX CHAPEL DR**
CITY-ST-ZIP **LUTZ FL**

TITLE **D** ☐ DELETE
NAME **BROOKS, HUBERT**
STREET ADDRESS **18602 JARDINERA DEAVILA**
CITY-ST-ZIP **TAMPA FL**

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 **V** ☐ Change ☒ Addition
1.2 NAME **HARRINGTON, WILLIAM**
1.3 STREET ADDRESS **4935 Thornbrier Pl.**
1.4 CITY-ST-ZIP **Land O'Lakes, FL 34639**

2.1 TITLE **FUERST, MARY** ☐ Change ☒ Addition
2.2 NAME **6350 Ehren Cutoff Rd.**
2.3 STREET ADDRESS **LAND O'LAKES, FL 34630**
2.4 CITY-ST-ZIP **B**

3.1 TITLE **C** ☐ Change ☒ Addition
3.2 NAME **CHERPAK, CORRINE**
3.3 STREET ADDRESS **16610 Blenheim Dr.**
3.4 CITY-ST-ZIP **LUTZ, FL, 33549**

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

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

[Signature] **REQUIRED**

3-24-98

CP2E037 (10/97)