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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736725

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
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/01/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		05-0039006	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

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	Glenn Shatzberg
82 Street Address (P.O. Box Number is Not Acceptable)	8411 25th Street East
83	
84 City	Parrish
85 Zip Code	FL 34219

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 4-18-99
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONOAN, RAYNALD	1.2 NAME	
STREET ADDRESS	18638 LIVINGSTON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, WILLIAM	2.2 NAME	
STREET ADDRESS	4935 THORNBRIER PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL 34639	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOATES, LISA	3.2 NAME	
STREET ADDRESS	5617 RICK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUERST, MARY	4.2 NAME	
STREET ADDRESS	6350 EHREN CUTOFF RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL 34630	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, HUBERT	5.2 NAME	FONTANES, Art
STREET ADDRESS	16802 JARDINERA DEAVILA	5.3 STREET ADDRESS	1129 Fox Chapel Dr.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Lutz, Fl. 33549
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERPAK, CORRINE	6.2 NAME	
STREET ADDRESS	16610 BLENHEIM DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	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)(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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Lisa Moates 4-18-99 813/783-6317
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)