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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90068 038 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/01/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-0039006
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code 34219	
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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]* 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 NAME BONOAN, RAYNALD STREET ADDRESS 18638 LIVINGSTON AVE CITY-ST-ZIP LUTZ FL 33549	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME HARRINGTON, WILLIAM STREET ADDRESS 4935 THORNBRIER PL CITY-ST-ZIP LAND O LAKES FL 34639	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MOATES, LISA STREET ADDRESS 5617 RICK DR CITY-ST-ZIP ZEPHYRHILLS FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FUERST, MARY STREET ADDRESS 6350 EHREN CUTOFF RD CITY-ST-ZIP LAND O LAKES FL 34630	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BROOKS, HUBERT STREET ADDRESS 16802 JARDINERA DEAVILA CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FONTANES, Art 1129 Fox Chapel Dr. Lutz, Fl. 33549
TITLE D NAME CHERPAK, CORRINE STREET ADDRESS 16610 BLENHEIM DR CITY-ST-ZIP LUTZ FL 33549	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **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)