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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 736873 (1)

1. Corporation Name

ST. LUKE'S UNITED METHODIST CHURCH OF FLORIDA GA  
RDENS, INC.



Principal Place of Business

Mailing Address

165 OHIO RD.  
LAKE WORTH FL 33467

165 OHIO RD.  
LAKE WORTH FL 33467-3827

3. Date Incorporated or Qualified  
09/24/1976

3a. Date of Last Report  
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOERICK, ANDREW  
9152 TALWAY CIRCLE  
BOYNTON BEACH FL 33437

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

1-14-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME AMATEIS, ROLAND  
STREET ADDRESS 7791 PEBBLE BEACH DR.  
CITY-ST-ZIP LAKE WORTH FL

1.2 NAME HARVEY SEARS  
1.3 STREET ADDRESS 32 Cuyahoga Road  
1.4 CITY-ST-ZIP Lake Worth, FL 33415

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME KOERICK, ANDY  
STREET ADDRESS 9152 TALWAY CIR  
CITY-ST-ZIP BOYNTON BCH FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME NORTHWAY, LEON  
STREET ADDRESS 7642 TAHITI LANE, APT 102  
CITY-ST-ZIP LAKE WORTH FL

3.2 NAME GEORGE DUNIVANT  
3.3 STREET ADDRESS 3170 S. Ocean Blvd.  
3.4 CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME SCHMIDT, JULIA  
STREET ADDRESS 123 CUYAHOGA RD  
CITY-ST-ZIP LAKE WORTH FL

4.2 NAME JOHN BUMGARNER  
4.3 STREET ADDRESS 304 Ohio Road  
4.4 CITY-ST-ZIP Lake Worth, FL 33467

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME ROBERTS, ED  
STREET ADDRESS 4804 PIER DRIVE  
CITY-ST-ZIP GREENACRES FL

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME WAKE, TOM  
STREET ADDRESS 7262 S. GOLF COLONY CT.  
CITY-ST-ZIP LAKE WORTH FL

6.2 NAME SAM SEYMOUR  
6.3 STREET ADDRESS 49 West Palm Avenue  
6.4 CITY-ST-ZIP Lake Worth FL 33467

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044123

1-14-97

CR2E037 (9/96)