## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 19, 2004 8:00 am Secretary of State DOCUMENT # 736873 02-19-2004 90033 002 \*\*\*\*61.25 ST. LUKE'S UNITED METHODIST CHURCH OF FLORIDA GARDENS, INC. Principal Place of Business Mailing Address 165 OHIO RD. 165 OHIO RD. LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Cha-NP CR2E037 (10/03) Applied For City & State City & State FEI Number 59-2297890 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David Hubbard ŖŴĔŔ**Ģ**ŴĶŴŴ Street Address (P.Q. Box Number is Not Acceptable) 74 W. COCONUT Dr. Zip Code 33467 City Lake Worth 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Na ver 4 2004 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. $\Box$ Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change 🔯 Addition TITLE M Delete TITLE HARPER, AMELIA NAME NAME John Bumgarner STREET ADDRESS 98 AKRON RD. STREET ADDRESS 304 Ohio Rd., Lake Worth, FL 33467 CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-7/P TOLE ☐ Delete TITLE Change **Addition** NAME HUBBARD, DAVID D NAME Dottie Gallo STREET ADDRESS 74 W. COCONUT DR. STREET ADDRESS 87 Akron Rd. Lake Worth, FL 33467 CITY - ST - ZIP LAKE WORTH, FL 33467 CITY - ST- ZIP TITLE M Delete ☐ Change Addition TID F NAME JOY, STEVEN NAME Jan Johansen 129 DAYTON ROAD STREET ADDRESS STREET ADDRESS 128 Barberton Rd., Lake Worth, FL 33467 CITY - ST - ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP **X** Addition Delete ☐ Change TITLE TITLE NAME HEARD D.D. NAME Sherry Koerick STREET ADDRESS 9097 TREMEZZO LANE STREET ADDRESS 6889 N. Calumet Cir., Lake Worth FL 33467 CITY - ST - ZIP BOYNTON BEACH, FL. 33437 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change. JONES, TOM NAME NAME STREET ADDRESS 120 CANTON ROAD STREET ADDRESS CITY - ST - ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP ☐ Addition TITL F ☐ Change ☐ Delete TIΠ € NAME WAKE, TOM NAME STREET ADDRESS 3605 CYPRESSWOOD CT STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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. I further certify that the information indicated on this report or supplemental report is true and supplemental report is true and supplemental report is required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and suppl SIGNATURE:

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