2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State
09-08-2005 90068 020 ****61.25

DOCUMENT # 737078

1. Entity Name
ST. LUKE'S METROPOLITAN COMMUNITY CHURCH, INC.

50065581

Principal Place of Business	Mailing Address
1140 S MCDUFF AVE JACKSONVILLE, FL 32205 US	1140 S MCDUFF AVE JACKSONVILLE, FL 32205 US

09032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2424920 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEWARD, JULIA 4826 FRENCH ST. JACKSONVILLE, FL 32205	Name Valerie Williams Street Address (P.O. Box Number is Not Acceptable) 4372 Confederate Point Rd. # 15-B City Jacksonville FL Zip Code 32210

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Valerie Williams, Moderator Valerie Williams 09-04-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOD SEWARD, JULIA 4826 FRENCH STREET JACKSONVILLE, FL 32205	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Moderator Valerie Williams 4372 Confederate Point Rd. # 15-B Jacksonville, FL 32210	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VMOD WILLIAMS, VALERIE 2854 POST ST. #D JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Ray Kelly 120 E. 18th. St. Jacksonville, FL 32206	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLER KELLY, RAY 126 E. 18TH ST. JACKSONVILLE, FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clerk Bill Solomon 3202 Remington St. Jacksonville, FL 32205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD HENDERSHOTT, SHERRIE 1102 14TH AVE. N. JACKSONVILLE BEACH, FL 32250	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD JENSEN, AARON 6100 ARLINGTON EXPY #M-3 JACKSONVILLE, FL 32211	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA WILLINGER, RICHARD 2023 BLUEBONNET WAY ORANGE PARK, FL 32003	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie Williams Moderator-Valerie Williams 09-04-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

904-778-2327

ATTACHMENT

5006558 1
737078

Church Officers:

Moderator – President
Valerie Williams
4372 Confederate Point Rd.
15-B
Jacksonville, FL 32210

Treasurer
Ray Kelly
126 East 18th st.
Jacksonville, FL 32206

Clerk
Bill Solomon
3202 Remington st.
Jacksonville, FL 32205