


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 APR 11 PM 9:48

DOCUMENT # 751006 (8)
 1. Corporation Name
ST. LUKE'S UNITED METHODIST CHURCH AT WINDERMERE, INC.

Principal Place of Business 4851 S. APOPKA VINELAND RD. ORLANDO FL 32819	Mailing Address 4851 S. APOPKA VINELAND RD. ORLANDO FL 32819
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/12/1980	3a. Date of Last Report 04/15/1994
4. FEI Number 05-0135700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
WELLS, LINDA F.
255 S. ORANGE AVE., SUITE 1601
ORLANDO FL 32801

10. Name and Address of New Registered Agent
 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEWITT CRAIG P.O. BOX 644 WINDERMERE FL 34786	N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$ YOHN, SHERRY 5119 TWINE STREET ORLANDO FL 32821	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNEN DOUG 9515 BAY VISTA EST. BLVD. ORLANDO FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MC GEE, CAROL 520 SANDLAKE CT MT. DORA FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKERS STEVE 9587 KILGORE RD. ORLANDO FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNALLY, E.J. P.O. BOX 818 N/A WINDERMERE FL 34786	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S Boss, Wayne 9103 Brookline Dr. Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T McNutt, Kenneth E. 7324 Everleigh Ct. Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VP/D McNally, E. J. 8513 Redleaf Lane Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth E. McNutt (KENNETH E. MCNUTT) 2/24/95 (407) 876-4991
Signature and typed or printed name of signing officer or director Date Daytime Phone #