

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 14, 1996 08:00 AM
Secretary of State



DOCUMENT # **751006** (8)

1. Corporation Name
ST. LUKE'S UNITED METHODIST CHURCH AT WINDERMERE, INC.

Principal Place of Business Mailing Address
4851 S. APOPKA VINELAND RD. ORLANDO FL 32819

3. Date Incorporated or Qualified **02/12/1980** 3a. Date of Last Report **04/11/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	05-0135700	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	24	25
29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WELLS, LINDA F. 255 S. ORANGE AVE., SUITE 1601 ORLANDO FL 32801		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HEWITT CRAIG <input type="checkbox"/> DELETE	1.1 TITLE	PD Hewitt, Craig A. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 644 N/A	1.2 NAME	P. O. Box 644
STREET ADDRESS	WINDERMERE FL 34786	1.3 STREET ADDRESS	Windermere, FL 34786
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S BOSS, WAYNE <input type="checkbox"/> DELETE	2.1 TITLE	S Boss, Wayne <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9103 BROOKLINE DR.	2.2 NAME	9103 Brookline Dr.
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	Orlando, FL 32819
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D DANNEN DOUG <input type="checkbox"/> DELETE	3.1 TITLE	D Dannen, Doug <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9515 BAY VISTA EST. BLVD.	3.2 NAME	9515 Bay Vista Est. Blvd.
STREET ADDRESS	ORLANDO FL 32836	3.3 STREET ADDRESS	Orlando, FL 32836
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T MCNUTT, KENNETH E. <input type="checkbox"/> DELETE	4.1 TITLE	T McNutt, Kenneth E. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7324 EVERLEIGH CT.	4.2 NAME	7324 Everleigh Ct.
STREET ADDRESS	ORLANDO FL	4.3 STREET ADDRESS	Orlando, FL 32819
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D VICKERS STEVE <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Kostoff, Pete VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9587 KILGORE RD.	5.2 NAME	8488 Clematis Lane
STREET ADDRESS	ORLANDO FL 32836	5.3 STREET ADDRESS	Orlando, FL 32819
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPD MCNALLY, E. J. <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D Yeager, Shren <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8513 REDLEAF LANE	6.2 NAME	3926 Salmon Dr.
STREET ADDRESS	ORLANDO FL	6.3 STREET ADDRESS	Orlando, FL 32835
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: *Kenneth E. McNutt* Kenneth E. McNutt, Treasurer (407) 876-4991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/6/96 Daytime Phone #

CR2E037 (12/95)